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The effect of personal life-events on the practice of therapists

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***The effect of personal life-events on the
practice of therapists***

*A dissertation submitted to the University of Bristol in
accordance with the requirements of the degree of Doctor
of Philosophy in Education in the Faculty of Social
Sciences and Law (Graduate School of Education)*

August 2005

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Dr Tim Bond
Dr Kim Etherington*

Abstract

The research asks: "What is the effect of personal life events on the practice of therapists?" The question is under-researched and concerns an issue that is professionally important in a growing profession.

The research methodology is qualitative employing heuristic inquiry. A major theme of the dissertation is a critique of, and an updating and refinement Moustakas's 1990 methodology. A more post-modernist approach is sustained by privileging narrative. The "bricoleur" approach adopted here emphasises relationality and process as opposed to a search for "essence" as espoused by Moustakas.

The research sample was purposive. The author wrote his own account, and sixteen participants (co-researchers) were recruited by advertisement, in an article in a journal, and at workshops on the theme. Therapists were interviewed twice face to face for informal, extended and tape-recorded, transcribed sessions.

Analysis of the data was a systematic co-construction following Reason and Rowan, and Josselson. One of the distinctive features of the research is re-telling the participants' stories in different formats (individual depictions and exemplary portraits) in order to produce a many-layered response to their data. The goal in each "re-storying" was to reach intersubjective awareness and agreement in a moment in time. The final part of the thesis is written in an authorial voice and functions to make sense of the data for clinical as well as academic readerships.

Outcomes of this research emanate from the weakening of the distinction between subject and object, which is congruent with its refined heuristic methodology. The author and the participants experienced important changes as a result of their own processing of their life event. Such movements were in personal philosophy, and in the capacity to relate to client's' dilemmas and individual pain. This thesis makes a case for the "examined life" as a chief component of continuing professional development and of clinical supervision.

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Introductory material

(Word Count: 84,187)

Introductory acknowledgements

Dedication


This research is dedicated to the sixteen co-researchers, and one client who contributed their inner thoughts, feeling and experience to this study. It is also dedicated to my partner Nick who has helped so much with his technical expertise, and to my two sons Christopher and Richard.

Thanks

I offer thanks to my advisers at Bristol University, Dr Tim Bond, and Dr Kim Etherington. I thank also all my co-researchers, and the client whose insight occasioned this study.

Declaration

I declare that this work is original and solely authored by myself, except where I have acknowledged brief previous publications written by myself, or where I have quoted and acknowledged my co-researchers' work or words. ("co researchers" in this context indicates the people who supplied the data. These people would be called "research participants" in most other research studies.)

Signed..........Date.....

Terminology

The word "co-researcher" is used in keeping with Moustakas (1990) to denote an active participant (or research "subject"). The term is used to emphasise the co-operation of, and privileging of the people providing the stories or data.

The terms "therapist" and "counsellor" and "practitioner" are used synonymously in this research.

Where the gender of the therapist is not specific it is referred to as female, in view of the predominance of women in the profession.

The terms "patient" or "client" are used according to the institutional counselling context.

The terms "research", "study" and "inquiry" are used interchangeably, although the last term is used only in the context of heuristic inquiry.

Anonymity

Anonymity where requested by the co-researcher has been established by using a pseudonym, agreed by the co-researcher, and by altering biographical, and geographical features of the story. In a few cases the gender of the co-researcher has been changed. Their clinical orientation has not been altered. Debbie (and Debbie for her baby Lisa), Christina, and Tina have requested that their real names be used. Some of these people have asked me to protect their family by altering their *relatives'* names and also sometimes geographical location.

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List of Acronyms used in this study

BACP	British Association for Counselling and Psychotherapy
BPS	British Psychological Society
CPD	Continuous Professional Development
UKCP	United Kingdom Council for Psychotherapy

The effect of personal life-events on the practice of therapists

Explanation of the three parts of this dissertation

Part One: My story, and research concerns

This sets the scene for the research and is based around my own inquiries and preoccupations about both the subject matter and the methodology. In that sense it is all "my story". Its "voice" is subjective and interpersonal, although it does engage in a wider discourse.

Part Two: The co-researchers' stories

This is primarily about the co-researchers who have offered their stories. The core of this study depends on these stories. Its intentionality¹, and this central place in the study is designed to privilege and honour these stories.

Part Three: A new story

This marks a change of voice. It marks a return to "my story" but this time it is a more conceptual and more traditionally constructed story. This structure is an attempt to engage with a wider research and clinical readership who may

¹ In Brentano's (1973) sense. See p. 62 in Chapter Three

not necessarily be conceptually connected with the now "traditional" heuristic stance represented by Moustakas. It is a deliberate attempt to make good what I see as a problem in Moustakas's (1990) research design.

The dissertation returns to an interpersonal and subjective voice in the final chapter, the "Creative Synthesis". This is because "relational" heuristic methodology, as developed in this work is validated by the subjectivity of the researcher. The last chapter is the justification, or not, for the value of a disciplined and scholarly journey. It is an ultimately personal journey which it is hoped may engender other "stories" in the reader.

PART ONE: MY STORY AND RESEARCH CONCERN

Introduction to Part One

This part of the inquiry sets the scene for the research itself (which follows in Part Two). Chapter One sets out the purpose and the genesis of the study. Chapter Two summarises existing research on the phenomenon. Chapter Three tussles with the methodological, epistemological and ontological challenges of the research, and sets out the eventual research design. Chapter Four outlines the ethical repercussions of the research design. Its "voice" is interpersonal.

Chapter One: Introduction. The genesis of this dissertation

Everything stopped. My world would not function any more. I like control but I could not control anything at that point. No amount of willpower, none of the techniques and attitudes I had learned over thirteen years in counselling, none of my famous Protestant self-discipline could win against this one. I had lost the battle. So I capitulated without grace. I had the breakdown that had been waiting for a couple of years. (Martin, 2001)

The purpose of this study

This heuristic inquiry examines the effect of life-events in the personal experience of therapists, post qualification², on their clinical work.

Initial engagement: motivation to do this dissertation and factors in the choice of topics

My choice of research investigation was the result of a long process. My goal was to produce a piece of work that would engage my passion as well as my intellect for a protracted period towards the end of my working life. I wanted to produce some research that would be useful to people whose primary avenue of insight is the imagination, but also to people who respond well to an established rationale. For this reason the "voice" used deliberately changes during the dissertation. I dug deep into some questions that, after several decades working as a professional counsellor, still puzzled me and

² Except in the case of Tina, an experienced volunteer counsellor, who was on a major initial training course in counselling when her sister was murdered.

which were questions I thought might be relevant to a wider group of professionals.

The experience of a nervous breakdown some seven years before I began this study was, at this time, still significant to me. I recognised that my way of working with clients had changed after that experience. I was greatly helped in this recognition by the observations of a client who had attended for therapy both before and after the gap occasioned by my illness. She insisted that I was "different" several times when she returned to therapy. I decided eventually to take notice of her, and not to view her statement as "transference"³ alone. I decided to find out exactly what difference the experience of breakdown had on my practice. This decision was tempered by my own misgivings about using my own experience as a springboard for research (Krieger, 1985; Mykhalovskiy, 1997). Nevertheless I went ahead.

The wider professional context of this interest was the changing face of counselling in Britain. There was of a move towards manualised therapies such as some Cognitive Behavioural therapies (Linehan, 1993) and the push towards evidence-based practice (Barkham and Barker, 2003). This direction is reinforced currently by moves towards registration with the Health Professions Council, (Van-Scoyoc, 2005). While I had then, and have now, no sustained objection to these moves, I wanted by contrast to create space for another look at the value of subjectivity as a source of insight, and how it may be used. My interest is to demystify therapy, a goal not necessarily at odds with regulation but one that needs its own exponents. My experience

³ A psychoanalytic term, which denotes a meaning originating in the client that is projected onto the therapist.

was idiothetic yet I suspected it might have echoes in the lives of other therapists and health professionals. I wanted to create another kind of "evidence" that would be compelling to professionals yet would be understandable by the layperson.

I developed a version of heuristic inquiry with which to do this research. In its original form this methodology was articulated and boundaried by Moustakas (1990). It is a disciplined and scholarly form of inquiry which embraces the self of the researcher yet seeks to identify the essence of the phenomenon. I defined and wrestled with this methodology (especially in Chapter Three) and developed its possibilities to a more process-orientated, relational inquiry throughout this study. The study begins, however, where Moustakas began, with an autobiographical account by the author.

While I have decided to use the framework offered by Moustakas, it must be acknowledged that there exists a whole raft of narrative forms which would have give a different freedom and different discipline (e.g. Richardson, 1985; 1990; Clough and Barton, 1998; Clough 2002).

The genesis of this study: my story

Context

This is the story of my breakdown and the outcome of this illness, written some eight years after the event.

My written story

I am aware that writing my story is not now an obsession. That is strange to me because it feels as if for years I scanned stories, novels, and problem-

pages to see if I could get a glimpse of myself. Like a baby, I wanted to confirm my being by seeing my expression reflected in another. That feels different now, as if I am writing from inside of myself: it is a dialogue between myself and the world that I live in. I have been reading about post-modernism (see especially Frederickson (2003) and the constructed self), but I don't take it all that seriously. I know the limitations of this body and this mind and do not expect to realise the Truth through myself. It is enough to live in my circle of "reality", to push the bounds a bit until "the shadows lengthen and the busy world is hushed and the fever of life is done".⁴

A lot of this sweet resignation is down to the breakdown. In some ways it feels as if I had been having a slow-burn breakdown all of my life; but not now. Here I am, as "present" as I probably ever shall be, with less to clutter my way through this murky but magnificent world. The breakdown was about not being as strong as my grandiosity or fear dictated. Physically, it meant that I yielded. I cried in "inappropriate" places (like in a Quaker Meeting, where they somehow bore with this, for them, estranged expression of emotion). It meant that I gave my chaotic feelings precedence over my ever-present fear of poverty and I stopped going to work. It meant then that I sat and stared at the wall of my lounge for hours on end, trying to get up the energy and vitality to put the kettle on, in order some time later to make a cup of tea.

It meant also enduring the ministrations of my well-meaning friends whose company I felt I needed, but whose presence was always fraught with tension. It meant being subjected to the opinions of an otherwise gentle

⁴ Prayer of Cardinal Newman (in Appleton, 1985:101)

friend who ranted about the undesirability of suicide in the light of his strong beliefs forbidding such actions. It meant listening to the sly digs of another man who chose that moment to tell me about the low opinion another friend had of me. It meant also the exquisite pain of hearing from a cultured but poor acquaintance of how to live well on less. Reading newspapers in public libraries saved money and it got you out, he said. Somehow this last contribution brought me some hope because I could foresee a way of existing that had some bite, should I decide to go on.

Yes, I was full of self-pity and very hard to love. Yet some people persisted and did simple physical things, like going for a walk with me, or cooking a meal. My partner arranged a rota of friends for several days so that my suicidal ideation would not materialise into that most selfish of acts. And then there was my GP. He seems a man of little emotion, and not a great deal of imagination, but he was there, and he gave me pills. That also gave me some hope. And he didn't flap, and was reassuringly ordinary. That is what I needed. The healing was for me to do.

The months and the years before had been frantic and painful, shot through at times with excitement and hope. I had left a marriage and two lovely boys when I came out as a gay man some thirteen years before. After a gap I met a man with whom I have had a tempestuous, loving and aching relationship for twenty years now on and off. This was an arduous stage of that relationship, however. I had left my job as a head teacher to work as a counsellor and as a management consultant, both in a freelance capacity. It was hard work, and called on skills that I had never needed before. But it had worked and I was doing OK. In fact I was doing more than OK. I was earning

more than I had ever earned before, and moreover I was earning it under my own steam. So I worked and travelled three days a week and for two days I saw clients in my then psychodynamic and very disciplined way. My management work was booked up further and further ahead so that everything had to be planned, everything had to fit into its place, or else the table shook and the whole house of cards fell down.

My loved and hated mother's lengthy illness and death precipitated my catastrophe. I had battled with her for years, a powerful and demanding woman who was constantly disappointed with life. Indeed, she had a lot to be disappointed in, for her life had been very tough at times. I could understand some of my siblings who escaped from her. Yet I didn't really want to do that because as well as representing a grave danger to my sanity and peace of mind she also stood for something that was enormously precious to me. So when she had developed rot in the guts I visited and sat for hours at her grubby hospital bed knowing it was all too late but determined to stick it out. I returned home to Southampton many times, having travelled a hundred miles from working in the Midlands, to set out again for the hospital twenty-five miles away.

When she died it was an aching relief. I stumbled through the formalities. She was remembered at her funeral in a cold Salvation Army Citadel, which has since also relinquished its hold on life and has closed down. I go to see her sometimes in the bleak cemetery where she lies, a few hundred yards from the unmarked grave in which her mother and father lie. Her gravestone reads "Much loved". That is true.

After she died I tried to get back to normal. I am a very disciplined person and know how to hide my feelings. My strategy appeared to work for a short time. But the solid stone, which has riven my soul since I was a child, was now too much to carry without it cracking through the skin of my weary selfhood. When it broke through it was like giving way to death, sweet in its abandon. I have been present as a good many people have died. It has never frightened me, and some of those people have found my presence a comfort: I'm not surprised. It must have been good to have someone with them who wasn't afraid and wasn't avoiding what was going on. Familiar territory.

Yet the freefall of the breakdown was also beset with notions of destruction. Like many people contemplating ending their life, my wish was not so much to be gone, but to know how to live. I remember watching "Jake's Progress"⁵ on television at one such time. I felt as if my own dénouement was acted out in the inevitability of this dark tragedy. But my body was not such a coward. It had been ill many times when I was a child. It knew all about pain, and about responding to my quaking fear. But it also knew just how much more I could actually endure. I did not know then that I *could* bear a lot more than I had ever had to bear before, that I could bear more, much more. I just didn't know then that all you have to do with pain is to feel pain. And the same goes for uncertainty.

So back to the pills and their benign effect on me. Yes it's true that I made my way twice a week to my therapy, which left me cold and

⁵ Television Drama 1995. Written by Alan Beasdale, directed by Robin Le fèvre, starring Robert Lindsay and Julie Walters.

comfortless. I didn't know it left me comfortless then. I know now. I thought at the time, there was something I was doing wrong that I could put right and then it would work. But the Amyltriptiline was relatively easy to bear. My body knew about them too. And there was the birth of a small hope that things could get better.

My recovery was slow and probably slowed down by the fact that I didn't stop work completely for very long. As soon as I could, I got back to the remains of the management practice, in which quite frankly I *acted*. I knew the lines and the moves and my reputation beforehand was good enough to get me through. I felt I needed the money.

But I did stop seeing clients for six months. I knew that I couldn't cope with that. I felt I would not be safe, and knew I didn't have enough slack to give them anything. I had managed to give them a month's warning in which they could come to some sort of terms with the end of the therapy. I knew it was bad for many of them to stop but I also knew there was nothing I could do about it, save to do my best for them. They were mainly very dignified in their response, but I wouldn't even then have blamed them if they had raged at me. One client did. I admired her. Life does some very awful fucking things. Another client was careful and kind and was keen to reassure me. Yet she was the client who came back, she said, long after I was better to make sure that I was still alive.

As I made my way through the long summer of '93 I was aware that something inside me had changed. I was aware also that I had fought a long battle with shame. My own psychodynamic therapy had failed me as I saw it then, and in turn I had not brought home the bacon where my clients were

concerned. I had had to abandon them. Abandonment has always had shrill echoes in my psyche because of the dual threats made to us as children, of eviction, and of being put in a children's home. Neither actually happened.

Then there were my own boys. I had not abandoned them, but remember the feeling as I left them with their mother after another and yet another Saturday visit. I wondered if my heart would ever stop hurting. And I could never know if their young hearts would ever stop hurting either.

My way of coping was a peculiar brand of narcissistic grandiosity which was well disguised by a life in which I had tried fairly sincerely by my own lights to serve my fellow men, as well as my mum. Now was the time to embrace failure and to see what it left me with. It was not so hard. My recovery put me in touch with the self that I had been before ever I trained as a counsellor. I loved education in my own faulty way, and I loved excitement and spontaneity. I came alive in conversations and relationships that were reflexive. I wanted some of that back. I wanted to be with my own clients in a way that would allow me to be more wholly me when I was with them. A better-founded humility borne of my breakdown made that more possible when I returned to my counselling.

At first it all looked much the same. I cautiously took on some clients and felt some of my old skill returning. But something was different. I was lighter, I was alert, and I was there with them. Gradually I loosened some of the tighter boundaries of the psychodynamic discipline that I had learned so well. I was aware that I was enjoying my work, regarding each session in some sense as an experiment in living. When my previous client returned

she said, "You're different," and she kept saying it. And at last I listened to her. I was different.

My breakdown was the beginning of a new freedom. I sought supervision that seemed to me to be more enhancing and less prohibitive. My person-centred responses found new release, still within the psychodynamic paradigm, yet somehow in a way that was both disciplined and life giving. I now describe myself as an integrative counsellor. It is more truthful, yet in some ways I am not very different (see Goldfried, 2001; Mackay et al., 2001, on the process of the therapist's changing model). I am just more aware of my own limitations and of how frail this life is, and how much there is still to celebrate in whatever time we have remaining.

Strange to tell I completed the faulty therapy which was happening while I was ill and some years later took up with yet another analytic therapist. He slowly and respectfully, yet firmly and with due regard to my more destructive side, helped me to mend some of the split up parts of me. I can't say what has happened in a sentence, but I do know now that all you have to do is live, and live the best you can within your limitations. And from time to time there comes a moment of glory.

Thinking about how to locate my story and the stories of other co-researchers

I reflected on my story before I embarked on the research, and I re-storied my life when I committed these events to paper. It brought the force of recognition that these events in my life *did* change the way I worked with my

clients. I felt this experience would in some way echo in other people's stories too.

Research question

My question, to other people with a story, and which arose from my own story was:

What difference has your life-experience made to your work with clients?"

Endnote to this chapter

When I began this research I had a cat that lived in my home. She died part way through the study, as did some of my co-researchers. That is the nature of things. Often I would watch this creature play and sleep, and eat and excrete, and wish that I could be as whole a human being as she was a cat. This research has brought me a little nearer that envious goal. Words have been the medium by which I have been enabled to express my quest to be reflexive, and thus to be more myself, and thus more whole. I cannot emulate my cat but I can work with words until they resemble experience enough to produce their own epiphany. I conclude this first chapter with a stanza from a ninth century Irish poem, which summarises this small but worthy endeavour:

Pangár Ban (Carr, 1974)

*I and Pangár Ban, my cat,
'Tis, a like task we are at.
Hunting mice is his delight.
Hunting words I sit all night.*

(Poem translated by Robin Flower)

The next chapter

This study next looks at what has already been written about the phenomenon, beginning with an overview of the literature which treats the post-qualification experience of the therapist.

Chapter Two: Existing sources of information and inspiration

Virtually anything connected with the question becomes raw material for immersion, for staying with, and for maintaining a sustained focus and concentration. People, places, meetings, readings, nature - all offer possibilities for understanding the phenomenon.

(Moustakas, 1990:28)

Initial engagement: other people's writing and research

The place of literature in this study

I was determined to keep my mind as free of preconceptions with established wisdom as long as possible so as to preserve what I could of the important heuristic principle of discovery through the self (Moustakas, 1990: 10). So I did not do a traditional "literature search" (Cryer, 2000:70ff). Instead, I let my reading grow alongside discovery. I found, as I became more and more engrossed in the phenomenon, that I was drawn to share the experience of others who had recorded their experience in research. I found that I did this rather in the same way that I pondered on the first hand stories of my co-researchers. My involvement in the narratives I collected was thus "leavened" by what I read. This process contrasted with my previous academic experience of being conformed into an unthought-out paradigm by an overarching narrative.

The nearest I came to this kind of restricted thinking was during my interview for upgrading my study from MPhil to PhD. Anxiety suggested that a kind of "respectability" for my inquiry was necessary to the Academy. I

couched my thinking at that time in sociological terms, especially as related to Giddens' s (1991) ideas about the construction of self. I passed the upgrade, but the loss of contact with the primary material took its toll in terms of my sense of integrity and the ability to communicate my research priorities for a while.

My reconnection with the phenomenon came rather in the way that Moustakas (1990) suggests, in what he calls the "immersion" stage when I found myself devouring any relevant reading I could find which related to my concern. There follows a brief summary of what I regard as the academic context for this study. In the main, however, I have included research and other writings within the text in order to illustrate the organic nature of the heuristic quest.

The broader picture: general literature about the professional post-qualification experience of the therapist

There is plenty of literature about childhood and later influences that predispose therapists to choose their profession (e.g. Bugental, 1964; Dare, 1997; Guy, 1987; Heppner, 1989; Walfish et al., 1985) and about their experiences as a clinician (Elliott and Guy, 1993; Follette et al., 1994; Frazier and Schauben, 1994). There is less, however, about the therapist as a person post-qualification. Skovholt and Ronnestadd's (1995) study of the evolution of a sense of professionalism seems to imply that change is a matter of experience and self-definition. The authors posit that the whole trajectory is a "journey towards personal individuation" (Sugarman, 1996:157). This may be so, but it would be helpful also to notice that some

therapists do get stuck, and others falter on the way. There are echoes here of modernist schemata such as Erikson's (1959) stage model of changing identity during the life cycle. Wilkins (1997) attempts to bring together the professional and personal development of counsellors while Goldfried (2001) ponders on how therapists change, taking into account social and cultural factors that may influence the therapeutic process. Sadly, although this work is described as "personal and professional reflections" within the title, the emphasis is very much of the latter rather than the former.

Focussing in - Literature that is about the self of the therapist

The therapist is often encouraged to continue to be self-reflective. Mackay (2004) uses the motif of a "passion narrative" to tease out how spirituality emerges and is nurtured in therapists. Wosket (1999) makes a convincing case for the use of self in therapy although her concentration on impairment and boundary issues do not sufficiently allow wider issues of the whole person of the therapist. Jacobs (2003) similarly re-appraises the use personhood in the psychoanalytic context. Rowan (1989:167) encourages therapists to continue with their own therapy after qualification, but this "sacred cow " is questioned by Coupe (1999). She finds, not surprisingly, a *complex* relationship between the therapy experienced by the therapist and the therapy the counsellor then offers. More obliquely, Pope and Felman Summers (1992) note the correlation between a history of sexual and physical abuse in psychologists and their evaluation of training and competence in these areas, although their conclusions need some caution in view of the particular sample.

Literature about therapist crisis

Bayne (1997) makes a general case for the "survival" of the therapist, though this "victim" term begs several questions. Norcross and Prochaska (1986) challenge therapists to attend to their own restoration in "Psychotherapist heal thyself" (see also Prochaska and Norcross, 1983; Varma, 1997).

Speedy (2000:629) refers to her own experience of the life and death of her brother Chris to illustrate what she calls "taking it back". Self-disclosure is not the issue, but rather "the retelling of the client's stories in ways that resonate within the therapist is a force for change for the client and therapist alike."

Antonias (2003) speaks briefly from his own experience of close bereavement. The account is reported rather than personalised. He surveys the coping strategies of therapists in a similar predicament. He quotes Boice and Hertli (1982) who contend that therapists attempt to practice what they preach, but do so in a weakened form (see also Givelber and Simon, 1981). The connection with the crisis and client work is not, however, deeply explored.

Crises occasioned by the work of therapy

Thériault and Gazzola (2005) respond to the continuing feelings of inadequacy, insecurity and incompetence among experienced therapists.

Pittock (2000) directs attention to the possibly negative impact of the therapeutic alliance on the counsellor. Thompson and Brooks (1990) research the impact of the suicide of a colleague. Wilber (1991) claims that the psychoanalyst is worse off in many cases of trauma because she is not

able to use denial⁶ as effectively as a non-practitioner. A more common risk to the therapist is the possibility that the therapist may have accusations made against him or her (Casemore, 2001; Hilton, 1997). These accounts are cautionary in character, and are not deeply embedded in a philosophical frame.

A growing literature about using life experience in the service of the client

Page (1999), however, examines the existential value of incursions into the therapist's life in a profound way. He uses the phenomenon of "splitting" which results in the formation of the personal shadow for the counsellor. He sees this as "a very valuable resource to the developing psyche" (p.4).

Park (1998) similarly examines "Shrinks: the analysts analyzed", making again a useful link between methodology and practice. Fine (1980) reviews what he calls "despair and depletion" in the therapist and its repercussions on client work. Coltart (1992) emphasises that the therapist is "surviving" for the patient as well as for herself. This theme is picked up by the contributors to Horton (1997a) who explore "stress" in psychotherapists (see also Grosch and Olsen, 1994; Hellman et al., 1987; Wetchler and Piercy, 1986). Deutsche (1985) deals directly with therapists' personal problems and treatment of clients using a feminist paradigm. This very subjective account seems to give little purchase for the reader to make sense of it in terms of incisive analysis. It is not very well internally connected, although there are some arresting case studies at the beginning. Thoreson

⁶ A defence mechanism to ameliorate the full realisation of a painful experience.

and Kranskopf (1989) also investigate the relevance of the "distressed" psychologist to treatment. Persons (1990) writes on the dual identity of "Psychotherapist and widower" (also Silberberg, 1995). Orlans (1993) talks about the impact that a breakdown in her marriage had on her counselling. Colson (1995) uses the discourse of countertransference⁷ to analyse the effect of multiple losses in the analyst's life (see also Pearlman and Saakvitne, 1995). Although there is an attempt in most of the foregoing sources to link life-experience to practice, it is hard to sense the *intrinsic* nature of human suffering to the life and work of the therapist. Self-knowledge and experience is, however, celebrated in Sternberg and Horvath's (1999) "Tacit knowledge in professional practice".

The wounded healer

This notion is in my opinion fraught with difficulties, since it tends to imply that the wound is somehow extrinsic to human experience. Nevertheless some practitioners see the "incursion" of pain or distress as an essential part of the therapists' ability to be available to others. The wound is referred to as a boon Etherington (2000: 107ff). The relationship between the "wounded healer" and the client has a wide literature (Jung, 1963; Knight, 1986; Maeder, 1989; Nouwen, 1972). An early (medical) version of this notion is found in Bennet's (1987) "The wound and the doctor" (also Frank, 1995). His basically hopeful examination is adumbrated by Lipp (1980) who investigated the theme of failed expectations and their effect on the helping professional:

⁷ The feelings of the therapist which have their origin in the client, or the feelings of the therapist *about* the client.

...my wounds become my spectacles, helping me to see what I encounter with empathy, and with a grateful sense of privilege. (p.107)

This perhaps Christian view of construing suffering yields much understanding but it may also limit perspective.

Gerson: a gift to my thinking and exploration

Gerson's (1996) psychoanalytic collection of papers squarely deals with "The therapist as a person". Despite this restriction, in terms of my study it expands the possibilities of meaning-making following life-crises. Perhaps the most eloquent of these stories to me was Barbara Chasen's (1996) chapter "Death of a Psychoanalyst's Child" (p.3ff). This and the other sections portray the ordinary and sometimes extraordinary events that beset the therapist. One of the contributors, Eric Mendelsohn (1996), tellingly entitles his piece "More human than otherwise" as a comment on the change his mourning brought about in his clients. Each article ties the meaning for the client as constructed by the therapist. They all make these attributions in a much more direct way than was the case with my co-researchers. Such precision is the inevitable and usually useful outcome of writing to a title.

Literature on philosophy and methodology

What follows is a brief survey of the literature that helped to inform my choices, and which contributed to the particular form of relational heuristic research that has evolved in the course of this inquiry. The *content* of this inquiry was matched in equal measure by an attempt to develop the chosen

methodology. Moustakas's pioneering work was based on a phenomenological approach, which seemed to me to make its own apology to positivism. I have attempted to move the methodology to a more post-modernist, narrative frame fully explored in Chapter Three. This review of the literature sketches some of the groundwork involved in this development.

Questioning the paradigms

As later argument in Chapters Eight and Nine will show, this study relies for its validity on a wide conception of what data consists of. Qualitative research itself requires a different mindset from that associated with the natural sciences: "What is required is...more than a science that analyses man as part of nature" (Luckmann, 1978:217).

In order to conceive different epistemology about humans, a more sophisticated kind of thinking was required. De Bono (1993) commends "'Water Logic', because it yields different insights in contrasts to 'Rock Logic'". Denzin (1994:20) criticises "commitment to outmoded conceptions of validity, truth and generalisability" in support of qualitative methodology. Kirkwood (2003) perceptively investigates instead "persons-in relation", citing Freire's (1972) concern that we should not treat people as objects.

But few thinkers and researchers are calling for an all-or-nothing approach. Rennie (2000), for instance, calls for a middle path ("methodical hermeneutics") at the level of methodology within qualitative research. Peile (1995) notes "the value of the relativist standpoint that claims all positions are necessary and interdependent - a multi-method epistemological approach". Charmaz critiques qualitative research itself. Specifically she eschews the forcing of data into "preconceived" categories in Grounded

Theory. She suggests that theory making is not the only aim of research, recommending instead "the mutual creation of knowledge by the viewer and the viewed " (2000:510). She, like Rennie (2000), recommends a middle way.

Constructivist grounded theory lies between postmodernism and post-positivist approaches to qualitative research...researchers no longer provide a solitary voice rendering dialogue only from their standpoints...(but)...aim to include multiple voices, views, and visions in their rendering of their lived experience. (p. 525)

Wider claims for heuristic inquiry and its relationship with other methodologies

Heuristic inquiry involves the researcher in the phenomenon that he or she is investigating (Moustakas, 1990: 10). Braud and Anderson (1998:47) researching "transpersonal methods" in Social Sciences warn that such inquiry may "transform the researcher". They also talk of expanding the definition of what is deemed to be empirical. They insist that heuristic research emphasises the "plurality of voices" and also look for new ways of validating such research. They challenge Kuhn's (1970) dictum of the incommensurability of paradigms.

Lees' s (1999) critical theory treatise explicates the transformational nature of reflexive action-research leading to its identity for some as a political act. It is not concerned, as in Marx, with raising class-consciousness, but is concerned with individualised, local, change, a particular concern of my own study. Mair (1989:2) bridges the gap between psychology and psychotherapy making a claim for "intimate knowledge".

Narrative

I soon found that the systemic link between narrative or "storying" and heuristic inquiry could not be avoided. There is, in turn, a strong link with ethnography and heuristic inquiry (Hammersley and Atkinson, 1983; Moustakas, 1990). Moustakas (1990) has himself drawn upon many sources that celebrate the story. Among these are (Geertz, 1973; Geertz, 1983) who makes a virtue of "local knowledge" (cf. Mair, 1989), and Polanyi (1985) who distinguishes between stories and reports. Mishler (1986:20) says conventional methods of sociological interviewing tend to suppress respondents' stories, and that conventional methods of interpretation ignore the import of the story. Weiland (1996) examines the problems not only of writing narratives but also of reading them.

Josselson and Lieblich (1995:31) characterise narrative "as a way of knowing" but also including an analysis of the "empathetic stance". They quote the argument that the idea of an inner life is unthinkable without an ability to participate in "vicarious introspection" (Kohut, 1977:306). This would be a good description of some of my reports on first meetings with co-researchers. They insist that most narratives include "a multitude of discourses" (p.35) as indeed I found as I discovered myself unable to do anything other than *co-construct* narratives.

Multi-voiced narrative

This whole study indeed contributes to the notion that a phenomenon can only be approached in a multi-voiced way if it is to yield more than a pre-designed outcome. Moustakas (1990: 18-20) discusses a layered approach

to understanding which is based on self-dialogue. This was very much my experience as I demonstrate in Part Two. Josselson and Lieblich (1995) identify this key mechanism present in my own inner dialogue throughout this inquiry:

If we wish to trace the growth of whole people, we must cease to regard people as finished identities and somewhat paradoxically, we must find those places within narrative where the self is most clearly in dialogue with itself. (p.37)

The outcome of this heuristic inquiry: intersubjectivity⁸

The internal dialogue is only part of the cacophony of voices, however. The goal of *joining* these voices is the *process* of intersubjectivity. While Ellis and Flaherty (1992) justify investigating subjectivity as a natural and authentic locus of human phenomenology, Giddens (1991) regards self-identity as reflexively organised. Crossley (1996) examines extensively what he calls "the fabric of social becoming", the matrix in which subjectivity becomes intersubjective. Burston (2003:161) explicates Erich Fromm's argument that our very conflicted and irrational passions are "actually expressions of *diverse modes of relatedness*" (italics original). Some of the conflicts encountered during the interviews in this study appear to bear this notion out.

Expressing the intersubjectivity wrought within research is complex and has many perils. Etherington (2004:38) quotes Clandinin and Connolly (1994) who highlight the dangers of writing the researcher's "signature" too strongly, but insists on the need for the researcher's voice to be heard as

⁸ The origins of the concept of intersubjectivity derive from Habermas (1970) who defines the term as a form of mutual understanding.

necessary to authentic inquiry. Hollway and Jefferson (2000) investigate how to deal with intersubjective defences in the research interview. Writing from a Kleinian angle, they talk about the dangers of "intervening on the narrative" which they conceive as being anti-heuristic. They plead for a holistic stance which explains otherwise "contradictory material" (p.80).

Reading related to my own psychodynamic background and the liberating effects of post-modernism

Frederickson (2003) characterises classical psychoanalysis as focussing on the ways internal psychological forces determine the person. This study has required me to step back from this very stance in terms of my sense of self and my perception of others. He summarises this potentially liberating frame shift elegantly:

Postmodern theories have served as a useful corrective to a purely internal focus as a means of understanding the person. Rather than take self-experience as evident, postmodernist theorists have helped us to see how socially constructed concepts shape our experience. Rather than take our identity as simple and consistent, they have helped us look at the multiplicity of our experience, raising questions about simple unitary models of identity. (2003:204)

It has been the opportunity presented by narrative that has helped me to unpick, deconstruct and understand differently the social construction that is part of any self-story.

Moving from existing sources to my own research design

The existing literature that I have sketched out above was an important key both to setting out a research scenario with which I could live, and in providing a matrix of theory in which to position this study. I had found a methodology in heuristic research, which seemed good enough. But the integrity demanded by this kind of research, as well as my own demands on myself, meant that I wanted to be sure that what I was saying was clean and consistent. Pink confectionery rock from Bognor Regis says "Bognor Regis" wherever you break it or suck it. It was important to me that this inquiry should have the same kind of consistency in the hidden areas of ontology and epistemology. A stand-alone methodology would not do. I discovered, ironically, in keeping with heuristic principles, that the medium and the message can't be separated. This winding quest is recorded in Chapter Three.

Chapter Three: Methodology and Research Design

(or, the medium is the message)

My first response was to feel really indignant um...and my sense was that you were "prettifying" everything, making everything pretty... and ... poetic in a way that... for me, just did not match the rawness and the... bloodiness if you like, of what the experience was like.

(Initial response of Rhiannon, one of the co-researchers, to my writing about her experience of psychotic breakdown).

Moustakas's (1990) methodology as a working model

A search for congruence

This study is at least as much about how I wrested with integrity of methodology, as about the content. Since I wanted to understand and communicate an essentially subjective experience, and to respond to other subjective experiences, I needed an appropriate working model strong and pliable enough to bear this. I had experience of Grounded Theory (Martin, 1997) but found this methodology restrictive, partly because it is aimed at *producing* theory which would not capture the spirit of my present inquiry. I am more interested in the *process* of making meaning in time and space.

A methodology that appeared to be fit for purpose

Moustakas's (1990) work on Heuristic Inquiry⁹ (see also Moustakas, 1972; Moustakas, 1988; Moustakas, 1994; Moustakas and Douglass, 1985) attracted me precisely because it was founded in the individual experience (Manicas and Secord, 1995; West, 1998). Even so, I had misgivings about Moustakas's seeming underlying concern to identify "essence", which is not my goal. In order to see where I was congruent with Moustakas I tried to be clear about what my research goals were.

My research goals:

These factors were, and are, most important to me in the conduct of research:

- To keep an open mind: to find out just what I do find out from the process of inquiry. I did not want the methodology to warp that process. I wanted it to take the word "heuristic" seriously. The meaning of the term for me was *discovery* as unimpeded as possible by "bought in" epistemological paradigms right from the start.
- To explore the idea and the experience of the therapist as a person.
- To inform myself in a more specific sense about what my own experience of breakdown consisted of, and what its consequences were.
- To understand more about my own experience by listening to the experience of other people, and by noticing the differences in the way in which they construed their experience.

⁹ The term "heuristic" is used in a precise way throughout this study to denote a particular form of disciplined research. This is in contradistinction from the other wide usage of the term exemplified by Tyson (1995). Her approach is described as "any problem-solving strategy that is likely to lead to relevant, reliable and useful information..." (Jackson, 1996: no p.no.).

- To work from and further refine my value base:
 - i) To seek after a way of representing my learning that is congruent with my sense of self, and my sense of the world that I live in.
 - ii) To behave with, and embody respect for, my co-researchers' data.
 - iii) To emerge with something that made a difference to my thinking and sense of being, and perhaps to the same domains in others.

Communicating with others

An integral goal with all of those stated above was to communicate what I have learned to others who are interested in engaging with emergent meaning. This inner drive is succinctly crystallised in the phrase borrowed from Ellis and Bochner, (2000:748) to "*encourage compassion and promote dialogue*". What is learned and therefore communicated will of course change.

Eucalyptus trees and Trojan horses: wrestling with the methodology

What is the issue?

This issue for me is integrity and consistency rather than using Moustakas "off the shelf". As a clinician (Martin, 2005), I have explored the parallel

between the complexity of congruent ontological and epistemological grounding for research, with that of integrative psychotherapy, responsive to needs of an individual client. I told the biographical story of my planting a "graceful" eucalyptus tree. Sadly I planted this high-growing species in my garden in shallow earth that was bounded by too much concrete. The tree was unsafe and had to be cut down. I did not want to make the same mistake with the philosophical soil which sustains the stories in this research.

Another cautionary metaphor that is powerful to me is the mythical story of the Trojan Horse. I see this manufactured intruder as temptingly playful, yet hiding the enemy. I wanted to avoid unknowingly importing ontological and epistemological assumptions into this study that were actually foreign to my intentions. Systemic and ethical issues were at stake.

Squaring up to my own ontology and consequent epistemology:

Ontologically, I have no real sense that anything is served by believing or not believing in a reality. I am agnostic on such matters, as is Garfinkel's (1967) version of ethno-methodology. He suggests the supposedly objective contexts in which we live are fragile and transitory (in Giddens, 1991:36-37). Moustakas' s (1990; 1994) attractive methodology, however appears to hold on to versions of reality to which I have no impetus to subscribe.

My epistemological challenge was to find out how people told their stories from a *working view* of life, and to notice how those views changed under pressure. I see this as pure phenomenalism. For me, this stance entails living "as if" there were concrete realities but with no sense or motivation to prove that they actually exist. I welcome the discrepancy and

dissonance that is possible within this “as-if” position. Thinking and behaviours can change in the light of new stimuli. Holding this position, but wanting to use Moustakas's methodology, entailed making sure that his philosophical assumptions which might be inherent in his methodology did not systemically preclude my own position. Central to this analysis was clarity about what Moustakas was really saying.

What is heuristic inquiry as understood by Moustakas?

History and brief outline

Heuristic inquiry has its etiological root in the Greek word *heuriskein*, which means “to discover” or “to find out”. Moustakas's highly original heuristic research emerged from his study of “Loneliness” (1961). He claims it is an organised and systematic form for investigating human experience, which begins with personal awareness. It is a discipline whose goal is to throw light onto a critical human experience. The researcher is to be personally involved in the phenomenon in question searching for “qualities, meanings and essences that underlie a fundamental question, issue or concern.” (1990: 13)

He says:

My primary task is to recognise whatever exists in my consciousness as a fundamental awareness, to receive and accept it, and then to dwell on its nature and possible meanings. (1990:11)

The test or validity is within the self of the researcher but is measured against the perceptions of the co-researcher at an early stage. It is an issue of meaning not of fact:

...does the ultimate depiction of the experience derived from one's own rigorous exhaustive self-searching, and from the explication of others present comprehensively, vividly, and accurately the meanings and essences of the experience?

(1990:32; I have underlined the verb here in order to clarify this rather dense quotation).

The methodology:

Moustakas's research methodology centres on the extended interview. He characterises these encounters as having a "timeless" quality, not ruled by the clock. He says:

The inquiry is complete only when the individual has had an opportunity to tell his or her story to the point of natural closing.

(1990:46)

The research material is in the form of a story, although the inquirer also helps to build the structure of the story with his or her questions, interjections, and occasionally by contributing personal experience. There is a real sense of co-researching right from the start, although Moustakas does not make a heavy claim to co-construction (cf. Rowan, 1981:93ff).

The methodology as set out by Moustakas (1990: 50ff) is precise and systematic. The pathway is set by the principles of initial engagement, immersion, incubation, illumination, explication and creative synthesis. In this process qualities and themes are identified and individual depictions constructed. These are checked with the participant for comprehensiveness and accuracy, one by one. After timeless immersion (1990: 46) a composite depiction is developed that represents the common qualities and themes that embrace the experience of the co-researchers. They "encompass the core

qualities and themes inherent in the experience" (1990: 52). Two or three "Exemplary Portraits" who clearly represent the group as a whole are selected and developed. These illustrate the co-researchers in a "vital and unified manner" (1990: 51). A creative synthesis is then written. This involves creative freedom in characterising the phenomenon and invites the tacit awareness of the researcher who operates as a scientist-artist in developing an aesthetic rendition of the themes and essential meanings of the phenomenon.

The contribution of the phenomenologists and of Moustakas in particular

Moustakas's work was an act of courage in its time. Psychology was just emerging from mandatory behaviourism, itself a reaction to the quasi-positivism of Freud and the like, where facts and values were treated as separate perspectives. It was believed that it was feasible and desirable to create a value-free social science. It was regarded as important to avoid the subjective bias of the researcher interfering with the account of the empirical evidence (Smith, 1998:77ff).

Positivistic explanations and methodologies were not, however, necessarily transferable to the human sciences. Dilthey's "Introduction to the Human Sciences" (Dilthey, 1976) saw natural sciences as an inappropriate analogue for social science because they have different ground rules. Social and cultural forms are expressions of the mind rather than external to the mind. He emphasised the importance of the lived experience. The role of experience within research was not defined, however, by the 1950s. The

problem facing social science, according to Smith (1998), is the gulf between the everyday experience of social actors and the detached accounts of social life produced by social scientists. Phenomenology is one answer.

Phenomenology asks us to dig deeper than previous approaches to subjectivity and perception. Edmund Husserl's project is to investigate the structures of consciousness that make it possible to apprehend an empirical world. Compare Descartes (1977) "I think therefore I exist" with Husserl, (1931) who says in effect, "I think *something*." This means that the act of describing something actually creates the object of analysis. Husserl asks us to reconsider the objective world and the way that some approaches treat subjectivity as a pale reflection of some deeper and more authentic state of affairs.

The ability to make these judgements has a social dimension as developed by Schütz (1967) in "The phenomenology of the social world". Phenomenology seeks to understand the subjective and meaningful construction of the complex social world. So facts are intersubjectively constructed. It is through the phenomenon of intersubjectivity that individual actors are able to grasp each other's consciousness and construct their life world. There were no hard facts - only interpretations. For the phenomenologist, social settings exist only through the intersubjective relations of the actors involved as the product of meaningful observation. We think of the existence of objects of analysis as real but they are more usefully seen as the product of our interpretations. It is a form of idealism rather than of empiricism.

Thus we have in phenomenology the foundation of what in psychology is called the “third force” (Stevens, 1990:418). The location of Moustakas's work within this third force is clearly indicated by the resonance he finds in the work of like-minded theorists. He refers frequently to Maslow's (1966) notion of the self-actualising person; to Jourard's (1971) work on self-disclosure; and to Polanyi's (1966) notion of the importance of the tacit dimension and personal knowledge. Also important sources are Buber's (1958) work on dialogue and mutuality; Bridgman's (1950) delineation of subjective, and objective truth; and Gendlin's (1962) analysis of the meaning of experiencing. These sources were popularised and extended in Rogers's (1969) humanistic magnum opus “Towards a Science of a Person.”

Some questions about positioning within the Academy and the wider world

I was aware of my early personal critical reaction to both Moustakas (1961) and Ellis (1995). I found them both somewhat self-absorbed and perhaps a little precious in their seeming expectation that others would understand their subjective experience. While Ellis does go a long way to justifying her place in academic discourse, I did not find that Moustakas does, except in what I have described below as a form of “neo-positivism” or by his own assertion

I begin the heuristic investigation with my own self-awareness and explicate that awareness with reference to a question or problem until an essential insight is achieved, one that will throw light onto a critical human experience. (1990:11)

This statement of faith about "essential insight" is enticing but needs, in my mind, to be thoroughly grounded in the researcher's subjectivity if it is to be countenanced by someone whose subjectivity is likely to be different.

I wanted to try to avoid these same blocks to communication. This study therefore moves from a subjective, interpersonal voice to one that is more openly discussible but less intense in Chapter Eight, before it returns to the subjective in the final creative synthesis.

What are the potential problems for me in employing heuristic methodology to reach my stated goals?

The problem of realism or essence

Like Husserl (1931) before him, Moustakas makes the assertion that knowledge is based on intuition, but that essence precedes empirical knowledge. His thinking, in "Phenomenological research methods" (1994) makes a strong case for underlying realism. This epistemology does indeed demand a different understanding of the relationship between subject and object from pure positivists and argues the case for the unity of the real and the ideal. This is a science of "pure possibility" (1994: 28) carried out with systematic concreteness.

The claim underlying Moustakas's methodology is that an "essence" can be known through disciplined attention to perception. "The challenge is to discover what is really true of the phenomena of interpersonal knowledge and experience". He asserts that although the heuristic process may embrace the highly individual subjectivity in terms of autobiography there is within this "also a social - and perhaps universal - significance" (1994: 17).

While the personal intensity required of the researcher until an answer is acquired has a different flavour from the stance usually entailed in positivism, the goals are the same as for realist epistemologies. It is working towards absolute knowledge.

Major problems inherent in the methodology

The lure of heuristic inquiry is its apparent openness. What better than to “find out”? How exciting to envisage the “Eureka” experience! But the arrival at such an outcome depends on the discipline of “Epoche” where the researcher sets aside presuppositions and, in a sense, works outside of his/her subjectivity. This way of addressing the problem of how an intersubjectively created world looks at itself relies on Husserl (1931). He argues that in order to cope meaningfully with the world of subjectivity and of objects we need to “bracket” experience and abstain from making judgements about whether the world does or does not exist. This strategy is designed to avoid the charge of solipsism, and therefore to make the claim to be seriously scientific. Moustakas understands the difficulties of “bracketing” thus:

The challenge of Epoche is to be transparent to ourselves, to allow whatever is before in consciousness to disclose itself so that we may see with new eyes in a naive and completely open manner (1994:56).

My difficulty in accepting this internally logical argument is that bracketing or Epoche must always be partial. If bracketing off is necessary to reach a notional “real” why not then go the whole hog and bracket off as *much as possible*, as in traditional realist methodology? Or why bracket at

all? How can the leap be made from subjective experiencing to an apperception of the real by such an imprecise and flimsy device? Is it not better to say "*I know that as a result of disciplined enquiry I have come to certain understandings about my relationship with what I perceive to be objects in my world*"? Perhaps that is all we can know?

I seriously doubt if such bracketing is possible or even desirable. Once the researcher is involved with a phenomenon he or she *is on the inside* of the experience. The researcher may bring different constructions to the intersubjectivities that result from this encounter. But the researcher cannot, it seems to me, observe the world from the outside and cannot claim to do so. This debate is reflected in what Dilthey (1976) argues is the "hermeneutic circle". In the words of Smith (1998:161): "This means that while human beings acted *upon* the natural environment, they also acted *within* the social environment" (*italics original*). We understand the environment from within our own subjectivities, whether individual or group. While the hermeneutic circle is a limitation for positivists, it need not pose a greater problem than that of a caution regarding the limitations of human knowing for others.

An attempt at "bracketing" seems to me to be a useful activity *within* subjectivity, but any claims to a kind of neo-positivist device to produce some kind of objectivity vitiate its power and utility because they are inappropriate. "Epoche" as described by Moustakas (1990 and 1994) is partially successful when applied to human experience. What it cannot do is serve to describe the human condition from the outside, in the same way as if it were describing the natural world.

Minor problems which need an answer

I was aware of a certain dogmatism within the formulation of the way in which Moustakas prescribed the methodology for heuristic inquiry (1990: 51-52).

This seemed to me to relate to the desire to compete with realistic methodologies. I formulated the following questions in relation to his recommendations and to the wider methodological implications of this work: I have outlined the resolution of these issues at the end of this section and in Table One on page 68 at the end of this section.

- *Is the specificity of Moustakas's recommendations inherently necessary to the business of heuristic inquiry?* Why are co-researchers' stories to be dealt with sequentially for instance? This appears to imply a "building blocks" view of the data. Similarly, why use only three of the examples for the universal depiction; why not two, why not one? I am worried again about the quasi-positivistic prescription that Moustakas appears to make.
- *Why does heuristic inquiry have to happen separately from other modes of research?* While it was important to establish a distinctive methodology when Moustakas researched "Loneliness" (1961), the question that must be asked is whether a segregated approach to gathering data is now necessary? The heuristic approach celebrates the individual's story as a phenomenon in its own right. But why should it not, in principle, also include the gathering of quantitative findings, since these are also the products of perception according to the phenomenologist? Lincoln and Guba (2000:43) make the point that evaluation of an issue includes information that may be quantitative or qualitative:

Responsive evaluation does not rule out quantitative modes...but deals with whatever information is responsive to the unresolved claim, concern, or issue.

(Quoted in Denzin and Lincoln, 2000:174)

- *Is the "rarefied" way of expressing a creative synthesis (1990:31-32) recommended by Moustakas really necessary now?*

There is a need to address the whole business of communicability. I indicate in the introduction to the Creative Synthesis that Moustakas tends towards the recondite and perhaps inaccessible. Can the language of esoteric metaphor communicate adequately to an academic community? His synthesis appears to me to be a set of generalisations without power. There is clearly not one answer to this question but I am attempting (particularly in Chapters Seven and Eight) a more catholic approach to the expression of the outcome of heuristic research. This is where and why the discourse changes for a while. I hope to encourage such catholicity in others.

Can I use a suitably adapted research methodology to serve my own ontology ?

Thomas Kuhn's (1970:103) dictum that paradigms are incommensurable stands possibly as a reproach for my quest to use a methodology that has unacceptable ontological foundations. Kuhn's notion serves to keep disciplines "clean" but does allow for what he calls "scientific revolution".

There can indeed be a new consensus which redesignates the scope of a paradigm. It is to be hoped, perhaps, that the development of qualitative methodology may precipitate such a revolution.

In the meantime, ways need to be found to work within the paradigms, which exist in an honest and consistent way. Clarity and integrity do not preclude a vantage-point that privileges particular human interests. Such a focus re-positions both epistemology and its relationship with ontology in a given research situation.

Lincoln and Guba (2000:169) have found a way to do this, at least at the level of methodology. While insisting that:

...at a paradigmatic, or philosophical level, commensurability between positivist, and postpositivist worldviews is not possible, but that within each paradigm, mixed methodologies... may make perfectly good sense (emphasis mine).

Denzin and Lincoln (2000) characterise paradigms as defining the worldview of the researcher and encompass four concepts: ethics, epistemology, ontology and methodology. They name the paradigms of positivism, post-positivism, constructionism, constructivism, participatory action frameworks. *Perspectives*, in contrast, are less well-developed systems and "one can more easily move between competing and overlapping perspectives and paradigms" (2000:6). These perspectives are close to human interests. Examples are feminism and critical race theory. Heuristic inquiry and constructivism are not inherently alternative perspectives. And there is no solution to my dilemma there.

Lincoln and Guba (2000:174), however, find a way forward from what they call "antiquarian" postures, and "exclusivity of method and their treatment" of the philosophies of which paradigms are constituted. When asked "Are paradigms commensurable?" they say:

The answer from our perspective has to be a cautious yes. This is especially so if the models (paradigms) share axiomatic elements that are similar, or that resonate between them (emphasis original) (p.174)

It seems my dilemma is weakening especially if I take into account their earlier claim that the most appropriate "guiding inquiry" paradigm for "responsive evaluation" is the naturalistic, phenomenological and ethnographic paradigm" (Guba and Lincoln, 1989:36). Their argument is that the dilemma is not about methodology, but about paradigms, in terms of epistemology and ontology.

Possible solutions to my dilemma

a) Moustakas may have been an originator of heuristic research, but he does not own it, so its purpose may be changed.

or

b) His weakened form of "essence" and the neo-positivist conclusions he drew from it are not intrinsic to the methodology (Moustakas himself seems to waver somewhat in what he considers the nature of the "essential" to be and admits of some constructivist characteristics such as the simultaneous existence of many meanings). Moustakas (1994: 29) quotes Husserl:

Every intentional experience is also noetic; "It is its essential nature to harbour in itself 'meaning' of some sort, it may be many meanings" (1931:257).

Other solutions in other models?

An answer in constructivism?

A constructivist epistemology is on the face of it a near relation to heuristic enquiry. Crotty (1998:58) characterises constructivism, as opposed to

constructionism, as focusing exclusively on the meaning-making activity of the individual mind. But constructivism points to “the unique experience in us all” whereas heurism, as conceived by Moustakas (1994), is pointing to essence. Underlying constructivism’s claim to validity is the notion that each individual’s way of making sense of the world is valid and worthy of respect. The “unique” proposition is hard to dispute unless you take a highly social constructionist view (where perceptions are largely moulded by culture).

Bond (2002 private correspondence) identifies the following characteristics of constructivist research. Most of these concur with the conventions of heuristic research:

- The researcher is incorporated as a visible and reflexive author.
- Biographical narrative and anecdote are given significance as ways of conveying experience and claims to meaning.
- Emotional and aesthetic experience is actively communicated rather than merely talked about in an objective manner.
- Thick description is favoured over stark ‘factual’ writing “ - as exemplified by Moustakas’s “Loneliness” (1961).
- Attention to communicating the context and circumstances of the research in order to be transparent to the reader and respectful of participants is typical.
- Responsibility for the interpretation of the research and its application is thus delegated to the reader to deconstruct or construct its meaning.
- Transparency about the values that inform the research is essential because value neutrality is viewed as an ontological and epistemological impossibility.

- The co-existence of different meanings.

The difficulty in applying heuristic inquiry to constructivism is in the last criterion. Bond (2002) explains “The interplay between different voices and the interaction between individual and social context are valued characteristics of this approach to research.” This diversity is a stumbling block unless Moustakas’s insistence on essence were to be surrendered. Why should the voices present in Moustakas’s data be subsumed in an essence? Why should they not contradict one another? Why should a universal truth emerge? In my own research, for instance, some co-researchers saw their life event as a hindrance to their growth and professional development alongside their clients. Others, however, saw such an event as a means by which they learned and grew. Why should heuristic openness not celebrate possible contradictions? This stance would, partially at least, subvert the criticism that constructivism resists the critical spirit.

If Moustakas’s methodology does not need to be essentialist, his methodology could be subsumed in a constructivist epistemology. This would entail the capacity of heuristic to incorporate many voices in its findings rather than the single voice that prevails in Moustakas’s creative synthesis, which, in my view, reduces the voices to one story.

An important criticism of constructivism relates to the limitation of the accounts it offers. Nightingale and Cromby’s (1999) objection is that social constructivist psychology fails to account adequately for important aspects of the human condition. These are self, embodiment, materiality and power. I can see the validity of this critique, and want to protect the corporal nature of some of my co-researchers from such anaesthetising generalisation.

Constructionalism and constructivism: a relationship between subject and object

Nightingale and Crombie (1999) appear to be calling for a better bridge between constructivism and constructionism (see also Berger and Luckmann, 1967; Mannheim, 1936) and between these paradigms and realism. They characterise the debate as "a series of signposts" (p xvi), a metaphor which allows for change and mutability where linkages between approaches are possible. Crotty (1998:63) also sees ways of making systemic links between underlying epistemologies. For instance, he says social constructionism is at once realist and relativist. He says constructionism in epistemology is perfectly compatible with realism in ontology.

...those who contrast 'constructionism' and 'realism' are wide of the mark. Realism should be set, instead, against idealism. Idealism... is the philosophical view that what is real is somehow confined to what is in the mind... Social constructionism does not confine reality in this way. (p.64)

This agnosticism or flexibility allows constructionism to be one underlying epistemology undergirding heuristic inquiry, since it does not dictate reality. It means at the least that description and narration are not seen as straightforwardly representational of reality.

Rennie (2000) identifies what he calls "dualities" as falsely dichotomising subject-object. He believes that such dualism fails to take into account the subjectivity of the researcher. He pleads for a middle path between the relativist epistemology in the UK and a realist epistemology in the North American continent. He advocates "methodical hermeneutic" (or

the application of method to hermeneutics) in order to make for a fecund meeting place.

Another route to robust compromise between phenomenology and constructionalism and constructivism is represented in the work of Merleau-Ponty (1962). While he is anti-objectivist he does not dismiss the real world but claims that "objects are indeterminate" (in Crotty, 1998: 43). But while the world and its objects may or may not be meaningless "yet they are partners in the creation of meaning and need to be taken seriously". The object is valued but it is necessarily the subject that perceives the object.

"Intentionality" (Brentano, 1973) is the dynamic between the subject and the object. The object in the case of my heuristic research is the other person's story. I do not cease to be who I am as I listen, but the co-researcher's story is the object of my perception. If I am able to engage with the story with "intentionality", then I am saved from what Crotty calls "rampant subjectivity" (1998: 48).

I can make no suppositions about the reality or otherwise of either the story or the teller, but I can notice the difference in what I hear, and what I expect to hear as a phenomenon in itself before, inevitably, I eventually incorporate it into myself. This is where I would wish to depart from Moustakas who appears in some sense to want to "possess" his phenomenon when he reaches the stage of creative synthesis. In order to use this concept as a unifying theme in this study, I need to accept the tool of the concept of object. If I return to my "as if" epistemology identified at the beginning of this section, I find no unresolvable conflict.

What metacognition will help to incorporate these possibly separate pathways ?

Denzin and Lincoln's (2000) edited compilation of articles deals extensively with the notion of the researcher as *bricoleur*. This appears to be an attractive way of justifying the nesting of methodologies and epistemologies in a kind of patchwork. "The product of the interpretative *bricoleur*'s labor is a complex quilt-like bricolage" (2000: 6). This merely indicates a researcher who is knowledgeable about the many interpretative and methodological paradigms. According to Denzin and Lincoln's own (2000: 371) account within the edited collection, the *methodological bricoleur* is

adept at performing a large number of diverse tasks, ranging from interviewing to intensive self-reflection and introspection.

They similarly define the theoretical *bricoleur*, and the interpretative *bricoleur*.

Crotty criticises what he calls the "Jack of all trades" definition of *bricoleur* as represented by Denzin and Lincoln (2000), saying it necessitates a self-reflexive stance which is lacking in rigour. He distinguishes, however, a different interpretation of *bricoleur* as put forward by Levi-Strauss (1966). Here the *bricoleur* is a person who makes something new out of a range of materials that had previously made some different artifact. (Denzin and Lincoln do also say that *bricoleurs* are also inventors). Here Brentano's (1973.) notion of intentionality and the idea of the *bricoleur* come together. Levi-Strauss's *bricoleur* is not self-reflexive. He or she is utterly focused on the work they are doing. The activity is a dialogue with the materials:

....such research invites us to approach the 'object' in a radical spirit of openness to its potential for new or richer meaning. It is an invitation to reinterpretation," Crotty (1998: 51).

In order to be inventive, the focus needs to move from the inner reflexivity of the subject and move towards the object. If I make a tabletop out of a bed-head my focus is on the materials, not on myself, yet it is I who am making it. Similarly, if my focus is on what my co-researchers say in my research, the way I construe their data resides in their world rather than being only a function of my own. It is for this reason that I have preserved co-researcher's stories as far into this study as possible, resorting to focus on my subjectivity only in the creative synthesis.

As often is the case in stalemate, what is required is a different stance or viewpoint. The seeming obstruction to crossing paradigms may be resolved by taking the focus away from the characteristics of each paradigm, and examining instead the particular dynamic between them. In this case the interchange is between the subject and the alleged object.

Braud and Anderson (1998) term this endeavour slightly differently.

They refer instead to the "integral" inquirer who:

...favours...inclusivity, integration and discerning discrimination. The integral inquirer urges choosing particular tools for particular purposes - and choosing from a large number of tools provided by different paradigms or purposes (1998:67).

A way forward for my research

A summary:

- I was concerned that my research should not be a "Trojan horse" or methodological impostor (see p.45ff); or to use my other metaphor, that the implications of my research should have appropriate philosophical soil in which to flourish.

- In order to achieve this I needed to establish that my lived ontology was consistent with the underlying ontology and epistemology of heuristic inquiry.
- I identified "essentialism" in Moustakas' s version of heuristic inquiry, which seemed to me to imply neo-positivism.
- I was doubtful about the efficacy of the mechanism of "bracketing".
- I was concerned about the problem of the communicability of Moustakas's version of heuristic inquiry.
- I was concerned about the seeming rigidity of the methodological framework suggested by Moustakas.

However:

- There appears to be some scholarly support for the commensurability of paradigms, at any rate at the level of methodology; (Braud and Anderson, 1998; Lincoln and Guba, 2000)
- The methodology may be free-standing. It is there to serve an epistemology, but the epistemology does not, of itself, dictate its use.
- Moustakas may have been relying on Husserl (1931) at the time of writing his 1994 work, but Husserl himself does not directly equate essence with reality.
- Moustakas could be seen to be using the term in its weaker sense, although I am still left with suspicions about his need to prove the efficacy of phenomenological methodology in some sort of competition with those applied to the natural world.
- There seems to be a good indication that heuristic research is congruent with constructivism, and Nightingale and Crombie (1999) make a case for even more "signposts" between the epistemologies and their associated methodologies.
- Constructionism is neutral about idealism and realism, and could, it seems to me, employ heuristic inquiry in pursuit of its own perspectives.

- Merleau-Ponty's (1962) notion of objects as indeterminate in a sense justify my "as if" position, moving the focus to intentionality (Brentano, 1973).

Resolution

In the light of this thinking, I felt intellectually justified in making several "position" changes, as well as changes in the research regime, which I have set out in Table One (below). These include accepting the mechanism of bracketing to a degree, as a means of addressing the "as if" object (the co-researcher's story). I have, however ameliorated this by privileging the co-constructed nature of the stories as they have emerged. I privilege intersubjectivity, over any claim that Moustakas might be making to define "essence". The heuristic research that I emerge with is primarily process-based, relational inquiry, rather than outcome-orientated, as I believe Moustakas's work to have ultimately been directed.

Concluding reflections

My long journey of the mind was necessary to hold together both my values, and my intention to privilege the subjective, and to attribute no other truth, than that of internal consistency in a moment in time. This outcome is, I believe, nearer to the original intentions of heuristic research, unencumbered as I am by the positivist *zeitgeist* prevailing forty years ago when Moustakas began his pioneering work.

I think my journey has led me away from rigidity, towards a still rigorous, but more multi-faceted understanding of the way in which phenomenology may be used. My stuckness around the absolute marriage between methodology and ontology gave me little room to move. "Multi-layering", in terms of looking at the seeming inconsistencies from many viewpoints, helped me to move from the polarisation of a binary view to a relational one. My study is, in one sense, all about the indivisibility of subject and object, but also of the necessity of the "as if" position in order to move beyond solipsism. But the notion of intentionality, and of consequent invention, creates a temporary space for dynamic to occur. This is the moment when relationship occurs. A useful perception of "otherness" moves subjectiveness from solipsism and into reflexivity. It moves from incorporation to communion; from losing one's sense of subject to a redefined sense of selfhood; from my story to our story; and then back to my story again, for a moment in time.

This process reflects in some way the journey which I eventually made in terms of the actual research material upon which this study is built. There my movement was from my story, to many stories, which are multi-layered and back to a further set of meanings placed on my own now-changed story. Process and content are the same.

I set out below, the eventual adaptations that I made to Moustakas, in order to express my own integrity of purpose as recently described in this chapter.

An outline of the procedure in this study contrasted with Moustakas (1990)

Table One: What Moustakas recommended, and I have done instead

From Moustakas (1990:51 - 52) abbreviated and slightly re-numbered. Italic emphases are mine.	The structure of this dissertation	Rationale for the difference:
<i>Initial engagement</i>	I followed the stage of initial engagement largely as suggested by Moustakas (1990:27). I begin with my own story in the way Moustakas did in "Loneliness" (1961).	
1.Gather data from one participant	Data were gathered as the "opportunity group" presented itself. It was not analysed until most of the co-researchers had been interviewed.	I cannot see a real justification for doing this sequentially. Moustakas seems to be aiming at some kind of respectability in line with quantitative researchers. I do not think that the one-by-one approach adds anything. I kept my own focus by getting involved in the story line, but also because I had developed a "personal" relationship - with each of the co-researchers. It was not difficult to be re-involved in each individual narrative, though of course I noticed similarities and difference between co-researchers, (just as I did between the person who was the focus of my attention and other people I had met during my life, especially in a therapeutic context).

Table One (continued): What Moustakas recommended, and I have done instead

From Moustakas (1990:51 - 52)	The structure of this dissertation	Rationale for the difference:
2. <i>Immersion</i> with that one story (1990:46) until it is understood.	Immersion happened over many months and in some cases years, but it was not sequential.	The overlapping immersion was most valuable in terms of allowing tacit connections to emerge (Polanyi, 1966).
3. Set aside data for a while, then return to it to identify qualities and themes.	See cell above. My goal on returning to the data was not, however, to find themes and qualities which I regard as neo-positivistic. Rather, it was to understand the individual story and to make an attempt to record it in some way that reflected both my <i>subjective experience</i> and the co-researcher's recall and sense of authenticity regarding what they said at our first extended encounter.	My intention was to retain the ownership of the story for the co-researcher at this point. Co-construction did involve a shift towards me, but I did not seek to reconstruct or reanalyse the story, but rather to express it in terms that both the teller and I, as the listener, could recognise as being true to the intention of the co-researcher in the first interview.

Table One (continued): What Moustakas recommended, and I have done instead

From Moustakas (1990:51 - 52)	The structure of this dissertation	Rationale for the difference:
4. <i>Individual Depictions</i> : Construct an individual depiction of the co-researcher. Retain the language of the individual where possible.	This was done largely as suggested by Moustakas, but with my own researcher "presence" included.	The intention was to reflect elements of co-construction not present in Moustakas's accounts.
5. Return to the individual depiction and test it against the themes etc. which arose from the original data. Adapt and modify. The individual depiction <i>may be shared</i> with the co-researcher "for affirmation of its comprehensiveness and accuracy".	I did this differently. My return to the data was focussed around the attempt to write an account of what had happened in the first interview in a way that both the co-researcher and the researcher could agree. This attempt to reach an <i>intersubjective understanding</i> of the story was the <i>fulcrum</i> of this work and has a much larger place than the participation suggested by Moustakas. At this stage the <i>co-researcher still primarily owns the story</i> .	For me it was necessary that this account was recognisable and acceptable to the storyteller, or else I had no authority to re-analyse what had been said in the "results" chapter (Seven) and no sound basis on which to examine changes to my own subjectivity in the creative synthesis.

Table One (continued): What Moustakas recommended, and I have done instead

From Moustakas (1990:51 - 52)	The structure of this dissertation	Rationale for the difference:
6. Do the same again for each of the depictions.	This was done, in a spiral model rather than a sequential model i.e. I would write a response to one first interview before I had completed all of the first interviews.	Rowan in Reason and Rowan (1981: 93 ff.) illustrates the use of "dialectic" in research. My "spiralled response" to my co-researchers' stories is also a kind of internal dialectic in terms of methodology. I often did another first interview with <i>another</i> co-researcher before I wrote a response to an earlier first interview. It seemed to add the experience of "thick description" (Geertz, 1983), rather than detract from my concern and involvement in the individual story. It is true that the different stories I heard entered into a kind of "dialectic" with one another, but the function of conversations in my head, and imaginary conversations between the storytellers seems no real stranger to the heuristic purpose.

Table One (continued): What Moustakas recommended, and I have done instead

From Moustakas (1990:51 - 52)	The structure of this dissertation	Rationale for the difference:
7. Gather in the individual depictions. Enter into a period of immersion with the depictions as a group. Internalise universal qualities.	I have not included the four exemplary portraits within this section, to avoid repetition. This is valid in my thinking, because the data is not meant to stand as a whole but as a series of stories, each of which has its own impact. I am not looking for "universal qualities". My critique of Moustakas questions his wish to produce "essentials". Rather I am looking at each story at this stage as unique, and multi-layered, yielding meanings to me and to my own subjectivity as the research unfolds.	My stance posed the question of whether I could use a methodology (heuristic inquiry) which is modernist in intention for the purpose of post-modern exploration. Crotty (1998:185) seems to be speaking as if of Moustakas when he says that "Where modernism purports to base itself on generalised, indubitable truths about the ways things really are, postmodernism abandons the entire epistemological basis for any such claims to truth...(and)...commits itself to ambiguity, relativity, fragmentation, particularity and discontinuity."

Table One (continued): What Moustakas recommended, and I have done instead

From Moustakas (1990:51 - 52)	The structure of this dissertation	Rationale for the difference:
8. <i>Composite Depictions.</i> Develop from 6 (above) a <i>composite depiction</i> , including exemplary narratives etc. that "accentuate the flow, spirit, and life inherent in the experience." "The composite depiction includes all the core meanings of the phenomenon as experienced by the individual participants and by the group as a whole."	<p>There is no attempt in this study to make such a composite depiction. The "Conceptual Discoveries and Re-storying" chapter does bring together the effect of these stories on my own subjectivity and on my thinking, at a point in time. Here I have used analytical tools such as categorisation, but I have kept this simple and to a minimum, allowing where possible for the storyteller's voice still to be heard. At this point, however, <i>I take ownership of the story</i> having protected the co-researcher's ownership, and then our co-construction. This action of <i>responsibility</i> is not designed to exclude the storyteller, but rather to be as straightforward as possible about where I am privileging my own subjectivity.</p> <p>There is no attempt to formulate or to spot "substantive theory" as in the Grounded Theory approach (Strauss et al., 1990:174).</p>	Given the postmodernist stance taken, such a composite would not honour the individuality of the individual stories, and moreover would be subject to the same charge of blandness that I have levelled against Moustakas in my own creative synthesis.

Table One (continued): What Moustakas recommended, and I have done instead

From Moustakas (1990:51 - 52)	The structure of this dissertation	Rationale for the difference:
9. <i>Exemplary Portraits:</i> Return to the raw data, and then to the individual depictions. Select two or three participants who can exemplify the group as a whole. Develop individual portraits of each person. The individual portraits "should be presented in such a way that both the phenomenon investigated and the individual persons emerge in a vital and unified manner" (19:52).	This has been done, but not in this order.	The exemplary portraits in this study function to extend the sense of the relational in the necessarily brief depictions, and to help the reader to enter into their own and my reactions to the material presented in four of the stories. They have been chosen, not because of their representative function, but because they each illustrate more about the <i>process</i> in which the co-construction took place, and thus its relational character. They also function so that the reader may make his or her own judgement about the process that I have used to respond to each of the portraits, and thus give an insight into the validity or non-validity of this work as a "transgressive text" (Lincoln and Guba, 2000:182ff).

Table One (continued): What Moustakas recommended, and I have done instead

From Moustakas (1990:51 - 52)	The structure of this dissertation	Rationale for the difference:
10. Moustakas does not directly recommend a "results" stage. He merges this instead with his "creative synthesis". He does, however, imply this stage strongly in the example that he gives of his colleague's work on analysis of the phenomenon of androgyny (p. 49 under "Methods of organising and synthesising data").	I have included a "Conceptual Discoveries- and Re-storying" chapter which depicts the way in which I absorbed the stories, and the constructions that I placed upon them. The chief challenge here was to work with the material without evolving a theory. "Results": I have included, at this point what I hope is a completely accessible discussion Chapter Eight which seeks to position this research and its findings in a wider social sciences arena and to use the stories as springboards for practice and further research.	<p>This enables the reader of the research to enter into his or her own dialogue with the data, and contributes to my different goal of many truths being able to emerge from the data, regardless of who is in "relationship" with the co-researcher.</p> <p>This accords with my "catholic" goal for heuristic research mentioned above.</p>

Table One (continued): What Moustakas recommended, and I have done instead

From Moustakas (1990:51 - 52)	The structure of this dissertation	Rationale for the difference:
11. <i>Creative Synthesis</i> : Develop a creative synthesis of the experience. This invites a "recognition of the tacit awareness of the researcher knowledge that has been accumulating". Develop an "aesthetic rendition of the <i>themes and essential meanings</i> of the phenomenon. "There is a free reign of thought and feeling that supports the researcher's knowledge, passion, and presence". It may be expressed "through a narrative, story, poem, work of art, metaphor, analogy, tale" (all quotations from Moustakas, 1990:51-2.)	I have made my own creative synthesis that reflects the kind of person I am, and the "voices" that are therefore customary for me to use. While this seems to me to be in the spirit of what Moustakas is suggesting, I have possibly been less self-conscious about making the discourse in some way "other" to traditional academic writing. While intending to report on my own subjectivity and its changes as a result of doing the research, I still wish to be able to communicate these thoughts to a wider readership.	I have no wish to place my research outside of the general corpus of research produced by the academic community. I do not see heuristic research as an act of rebellion. I see it simply as a response to phenomenology, which can make the presuppositions of its philosophy systemic in the very methodology used. My task as a researcher is then to present the phenomenon of my research to a wider academic and hopefully lay community, to see if indeed it does "encourage compassion and promote dialogue" (Ellis and Bochner, 2000: 748).

Research design

Finding co-researchers

I interviewed 16 co-researchers. These had all volunteered following advertisements at conferences and contacts made in the counselling world (see Appendices 1-2). No particular attempt was made to pre-select from

categories of models. Appendix Seven does, however, show how co-researchers' theoretical models were spread.

Collecting the stories and absorbing them

I conducted extended informal interviews, which were recorded and transcribed. I asked the question *"What difference has your life-experience made to your work with clients?"* I wrote a creative account of what I had heard in these first interviews and in the case of fourteen co-researchers returned for a second visit, which was also recorded and transcribed. The remaining two follow-up interviews were conducted by telephone. I kept in touch with the co-researchers throughout the five years of this study, adding the encounters by letter and by telephone to the new "story" I was constructing. These additional encounters, especially when I contacted the co-researchers to ascertain their reactions to my writing at each stage, contributed to the co-constructed nature of this study (although two co-researchers died during the course of this study). I kept a diary throughout this period. I also wrote my own story and interviewed one ex-client (who is not included in the study for ethical reasons).

Processing the stories

The material was processed largely according to the framework suggested by Moustakas (1990). I have largely followed Moustakas's (1990: 27ff) research stages of initial engagement, immersion, incubation, illumination, explication and creative synthesis. I have, however, made some substantial alterations following extensive thought (see Table One above) where I have

shown that I have redefined heuristic inquiry as "relational" rather than outcome orientated.

An outline of my research activity

The research process included the following activities in terms of methodology:

- returning to the interviewees ("co-researchers" in heuristic terminology) with a written response.
- writing "depictions" of each co-researcher.
- writing "exemplary portraits".
- co-constructing at every stage, on the basis of co-researchers' comments and input.
- setting out Conceptual Discoveries-and Re-storying of my findings.
- discussing the implications of this research for a wider audience.
- writing a "creative synthesis".

Ethical considerations consequent on relational heuristic research

This chapter has charted a resolution of some of the dilemmas of academic integrity and the research design implications outlined above. It is a different and more relational model of heuristic research. This emphasis within the methodology, as well as the issues within the research question itself, demanded that the co-researchers were handled with great and continuing respect. It is this ethical "holding" that is explored in Chapter Four, the final element within Part One of this study.

Chapter Four: Holding the research relationship: ethical considerations

I joined you in the middle of something mighty. And I left you in the middle of something mighty. I was glad to be with you. During your conversation with me, you cried several times. I had a sense that joy and tears were a part of your present life that you treasure. You are not afraid of pain and you know that it is a gift. You seemed to feel safe to be what you are with me and I felt honoured by that indication of trust.

(Part of an initial response I wrote to Juliana, a recently bereaved co-researcher, soon after our first meeting.)

Introduction

The nature of the engagement of the researcher and the co-researcher in heuristic research, especially of this particular kind of study, is at the further end of a continuum between minimal professional care for a participant, and a deep involvement with their welfare. A snatched conversation with a participant with a questionnaire on a street who might be contributing to a randomised control trial still requires care and an awareness that the questions asked may have unforeseen repercussions. But at the other end of the spectrum, the kind of profound engagement in deeply personal issues, which this study involved, required a recognition and duty of care akin to that of the therapeutic relationship.

General principles

Beauchamp and Childress (1989), (see also Kitchener, 1984), have set out a model of moral and ethical reasoning that is structured around the principles of autonomy, beneficence, non-maleficence, justice and fidelity. These principles are mediated within the context of theories and rules. The model however allows for the importance of what the authors call the "Intuitive

Level". In this particular study, this level of awareness has been highly important because of what Freire (1972) calls the "personalism" of the knowledge that it treats. This framework is detailed in the more recent work of Bond (2000). There is particular reference to *the ethics of research* in the British Psychological Society's "Code of Conduct: ethical principles and guidelines" (2000:8-11). Here the principles of consent, lack of deception, debriefing, ability to withdraw from the research, confidentiality, the protection of the participant "from physical and mental harm" (p.10), and caution over giving advice are highlighted.

My own approach was deeply informed by my therapeutic background as a practitioner of many years standing. I drew up my own list of priorities from the principles mentioned above. The keynote for me was that the respect I showed for my co-researchers should be both visible and invisible.

In this sense the idea of fidelity seems to be a good way of showing respect. I knew I could only gain the trust of the co-researchers if I deserved it. I knew I would not deserve their trust if I did not protect their wishes both visibly and invisibly. For instance, one co-researcher requested a late change in the way in which her identity was indicated within my private files. This was painstakingly done, although she has no access to these files.

Richard Sennett (2003) characterises respect as the mechanism by which difference is managed. This insight is useful in characterising why my invisible, as well as visible, means of engaging my co-researchers' trust is concerned. For all I might think that I know my co-researchers very well, this is an illusion. Although I attempt:

- to be explicit my contract and contact with them
- to privately regard them thoughtfully
- to speak of them in this study with restraint

All this takes place in the context of not knowing the vast arenas of privacy within each of them. That, it seems to me, *is where the ethical heart is*. If I am to respect them, I must respect what I do not know about them, and must respect even that which they themselves do not yet know. I am reminded of Johari's window that characterises the domains known to self and to others.

Figure One: Johari's window (Luft et al., 1969)

Known to others/ known to self	Unknown to self but known by others
Known to self but not to others	Unknown to self and others

Respect is about treating circumspectly what I think I share with the co-researcher, in order to protect what I do not share, and perhaps they do not know (the two shaded areas). I also have the responsibility to seek permission to use and quote the unshaded area. The story does not become mine to disclose as I wish, simply because it appears to be known by others. Clearly, the area unknown to all is a moot area. The process of research might uncover more of this, so the process of this area becoming known must be treated with an even deeper care than that which is already known.

That is why I moved into the area of co-construction. I believed that if I were to properly respect my co-researchers, I could not construct the personal depictions, and the exemplary portraits without their involvement, their editing, and in many cases their suggestions for alteration. So for me, it was a moral imperative that drove the distinctive nature of this version of Moustakas's (1990) methodology.

I crystallise these thoughts in terms of active voluntariness, consent, transparency, consultation, and researcher vulnerability. I see this concern, not as an action in a moment in time, but as a responsibility to monitor the relationship throughout the process.

What were the "safety nets" put in place before, during, and after this study was conducted?

Participation in this study was entirely at the co-researcher's volition. I began with my own story as a basis for conversation. I advertised my interest in "The Psychologist", and later in an article that was published in the BACP journal *Counselling and Psychotherapy Journal* (Martin 2001). One person who volunteered as a co-researcher said that she read this article "all the way through" and liked it because I disclosed something of myself. Other contacts came via one of my advisers. I also advertised at the various counselling/counselling psychology conferences at which I spoke during the course of the research (see Appendix Six). This produced some volunteers.

These contacts were followed up with a careful letter, which explained the purpose of my study and set out their possible involvement (Appendix One). When the conditions of the research changed and it looked as if I could not use all of the material I was gathering, I sent out a revised contract

(Appendix Three). In the event, I was able to use all of the stories. These letters were designed to be transparent and to emphasise the choice of the possible co-researcher.

When the person had finally agreed to be part of the study, and for me to use their material, I sent out a final letter of agreement (or more usually took it with me to the second interview (Appendix Two). One person took part by telephone only, and simply to enlarge my understanding at the very beginning of the study. I issued a separate contract for him, although I have not quoted him in the study. When the study was well advanced I sought final permission to include the stories in the research (Appendix Four).

I had contemplated future professional involvement with the client who had first alerted me to the changes in myself after my breakdown. I consulted widely with my own therapist, and my clinical and research supervisors, and then approached her. She wanted to return to therapy, however, so I returned immediately to the therapeutic contract.

Consent was important even beyond the signing of the final consent form. I sent each depiction to all relevant co-researchers and each exemplary portrait for comment (Appendix Five). As well as being co-constructive, relational and respectful, it also created more useful dialogue. In two cases, co-researchers died during the course of the research period. In the first of these instances we were both aware that this event was likely so we were able to reach agreement as to how her material would be treated in the event of her death. The second death was unexpected. In this case, I obtained further outline permission to use the material from relatives, but did not

disclose the nature of the disclosures of this anonymous contributor to the family.

In the two cases of disciplinary action, special care needed to be used to protect both the complainant and the complained against. This was done by heavily altering the circumstances attributed to these co-researchers, but not by altering the heart of their stories. The quotations in these cases are verbatim.

I carefully recorded any wishes that the co-researchers expressed regarding the use of their names, the pseudonym chosen, and the elements of disguise where necessary.

What are the possible repercussions of a therapist acting as a researcher, especially with the express intention of relational research?

I had the experience of sometimes being told that my encounter with co-researchers had been "therapeutic". Since this description came from experienced therapists I construed it as an accurate and specific meaning i.e. that some form of healing had taken place during the interview sessions, or in the process of writing.

Sometimes, it seems, people had a therapeutic hope when they volunteered for the research. One person said at the beginning of the first interview that she thought she might find this experience therapeutic. I said that I hoped that my manner was therapeutic and that the telling of her story might be therapeutic for her, but this was research based and I would be making no therapeutic interventions. She accepted this stance, although she afterwards did say that the whole process had moved her on in some way.

Another woman who heard about my work from a contact at a university, also felt the time being listened to was important:

On reading the letter, that time I agreed... I just thought , yes this is a worthwhile work I'm sure, I want to see what you're like, but also a bit about looking after me, this time's very valuable for me, in terms of how you may know what's going on, because I don't get a lot of opportunity to talk about it.....Possibly even therapeutic.

My research diary records my thoughts immediately after my second interview with Juliana, a fairly recently widowed therapist. Her sense of the therapeutic was implied rather than stated:

I'd just driven away from Juliana's house. I was aware of a great thirst to talk about her bereavement, and very little inclination to talk about her clients. She wanted to give me a hug at the end and I felt quite a strong pull, particularly when she told me that she would have liked me as her therapist. I think I need to notice the therapeutic endeavour cannot be avoided even in the research situation.

Sometimes insights were derived from the questions I asked, or from my own reflection of what had been said. Since these were sometimes new insights, it is hard to separate the therapeutic from the research process in terms of outcome, if not intention. This quotation arises from an encounter with Rhiannon, who had suffered the results of a very confused boundary as a client and a trainee. I had referred to this as "incestuous".

I listened to the tape, I was very struck by this lady's transparent honesty and by her gratitude for the therapeutic input of the session.

At the end of the first session she said:

Thank you. You've helped me towards um...quite a few insights that never occurred to me, that may stagger you... but the main one is I had never ever seen it in terms of an incest before, it's extraordinary.

Since I am making the claim for a relational approach to heuristic inquiry, I must also accept, and do accept, the responsibilities that go with that. When I recorded Tina, whose sister was brutally murdered, for instance, the recording didn't work. She therefore agreed to make a further recording without my presence. I rang her afterwards to debrief on this experience. There is a need to do what Bion called "containing" (Bion, 1970) and Winnicott described as "holding" (James, 1984) before, during and after such interviews. I have found it useful and constructive to warn people, for instance, that a written response is coming, and that there may be a need to prepare time and space for the reading and any recovery period afterwards. I made a mistake with one co-researcher who failed to answer some of my questions about who might see her story, prior to her second interview. I was too importunate in asking for a reply to my question. When I arrived, it took some time to get a good working relationship. Acknowledging that I had mistaken her pace eventually overcame this mistake. It is hard to see how I would have been skilled enough to participate in this activity without my therapeutic training. One only hopes that intention and integrity can fill that possible gap. In this case I was able to do enough "holding" even if, alas, my own anxieties as a researcher impeded the process to begin with.

What about "negative results from such interviews/research responses?

I reported later in the Creative Synthesis (Chapter Nine) how one co-researcher was made very angry by my written response to the first

interview. This was "worked through"¹⁰ in the second interview. Jane however reported some disturbance after the first interview. She has a son who is a heroin addict, and his behaviour is very disruptive to her way of life. I had checked that she had some means of support should the interview upset her, and the letter she received beforehand made it clear that this backing had to be the responsibility of the co-researcher. When Jane reported this, however, there was no hint of reproach. She saw it as part of the process:

Jane *I went through a week of recall of all that stuff which was very painful, because actually I don't.... I don't want to go back over it, some of it was so bad I have already acknowledged that and that's OK I've got ... place to go if it cost me something, in the sense that you know, anything that comes up for me today I will deal with elsewhere.... that's not a problem*

Peter *So are you saying that as well as repellent things... there were deeply, deeply frightening things.*

Jane *I think the good bit about the week after you rang me was... it was very useful to think about how it's changed me, and particularly within the counselling setting, because obviously I'm linking that up with that in my mind.*

Peter *How like PTSD!*

Jane *You're absolutely right and I have thought about it in precisely these terms....*

It seems important to recognise that, although these examples were eventually safe and contained, that there is a risk in doing this kind of research. The risk needs to be calculated ethically, and there need to be adequate safeguards to prevent the dangers becoming acute. In defence of these methodologies, however, there is considerably more selection of suitable clients, and post-interview availability of the interviewer than in some

¹⁰ This means re-experiencing, and re-construing the original experience in the present, in a more congruent and acceptable way. Originally a psychoanalytic term.

more quantitative and statistical modes of inquiry. (Although it could be argued that such ethical safeguards are not so necessary where questions and probing is less profound). We are indebted to the debate that followed Milgram's experiments in the early sixties for a deeper understanding of the perils of manipulative experiments (Milgram, 1963; Miller, 1986; Parker, 2000) . The danger in heuristic design is not manipulation but discovery, the "unknown" area, in terms of Luft and Ingham (1969)

How did "secondary traumatisation" affect me and those involved in the research?

I was aware when I began this research, that I was going to hear, and be absorbed in some highly distressing stories. The effect was greater than I imagined as I recount in Chapter Nine, the Creative Synthesis. Here it is enough to say how I took care of it. Firstly I took my distress to clinical and to research supervision (both of which were easily available to me, but might not be to all researchers). Secondly, I had a discussion with the person who had agreed to do my confidential typing of transcripts. I had no doubts about her ability to deal with the confidential aspects of the work, since she had assisted me in my clinical practice for many years. I realised, however, that sustained contact with the scripts was a different matter than typing my brief records of therapy. I was aware that she could be subject to what I conceptualise as tertiary traumatisation. Bringing the subject up, and subsequent discussion, proved all that was necessary to remedy this eventuality.

I reflected on the reasons for the difference in my reactions to clinical material, and to some of the stories from my co-researchers. These reflections are condensed in the Table on the next page.

Table Two: a comparison of the issues involved for the interviewer in clinical work and in "relational" heuristic inquiry

	Clinical work	"Relational "Heuristic inquiry
Engagement	<ul style="list-style-type: none">• The engagement is focussed on the client, and is usually limited in time (Shillito-Clarke, 2003:625).• The clinician uses a set of relational and other skills well know to him or her (Corsini and Wedding, 1989:2ff)• Normally one session is only re-consulted by the therapist with reference to the next session or to do a review.	<ul style="list-style-type: none">• In the version of heurism that I have developed, where process is more important than outcome, the engagement is for a very long time.• The heuristic researcher uses himself/herself as a whole person. Their story eventually becomes intermingled with that of the co-researcher in order to create a new story (Moustakas, 1990:12).• "Indwelling" (Moustakas, 1990:24) is a crucial activity. The story is revisited many times, often outside the limits of usual working times.

Table Two: a comparison of the issues involved for the interviewer in clinical work and in "relational" heuristic inquiry (continued)

	Clinical work	"Relational"Heuristic inquiry
Role of the interviewer	<ul style="list-style-type: none">• The therapist is there to heal (see Wampold, 2001:3). He or she has permission and purpose to bring about a change in the person undergoing therapy.	<ul style="list-style-type: none">• The Heuristic researcher is not there to change anything. The stated purpose of heuristic research is to change the subjectivity of the researcher. He or she is therefore powerless with regard to the co-researcher, and needs to know that any therapeutic side effects of being a listener, is not the purpose. The story stands in its own right, and the business of the interviewer is to observe, witness, respond to, if necessary to endure but not to alter (Etherington, 2000).
Boundaries	<ul style="list-style-type: none">• The relationship is circumscribed by professional boundaries, which are contained in a code of ethics known to all parties. These consist of contact rules, timing, purpose, and often an explicit contract as to the function of the working alliance (Stoltenberg and Delworth, 1987).	<p>The relationship is still bound by a (different) code of ethics, but the purpose of the engagement is in this case much more diffuse. False boundaries would produce much more sterile results. The understanding reached between primary researcher and co-researcher is much more tacit than explicit, relying on relational consensus.</p>

Table Two: a comparison of the issues involved for the interviewer in clinical work and in "relational" heuristic inquiry (continued)

	Clinical work	"Relational"Heuristic inquiry
Supervision	This is mandatory and regular. It is a recognised and essential part of the therapeutic exercise (Hawkins and Shohet, 1989).	This function is dependent upon the awareness of the researcher, and the sensitivity of the academic adviser. Access to therapy and clinical supervision is not necessarily available to all heuristic researchers (Cryer, 2000).
Outcome or ownership	There is a clear pathway in "successful" and "unsuccessful" therapy, and means by which this can be evaluated The outcome is essentially the client's (Barkham and Barker, 2003).	The pathway is often not clear, The results have to recognise that the researcher who has to bear the impact of the new story eventually incorporates the story. The results of heuristic research are in the creative synthesis which is the product of the researcher., (Moustakas, 1990: 31

I recognise that the vulnerability to secondary traumatisation that I have detailed in the third column is increased in what I have termed "relational" heuristic research. It is also evidenced, however, from Moustakas's own writing on "Loneliness" (1961) and in other works he quotes in his 1990 book that personal cost is part of the process of heuristic research.

Part Two, and the next chapter

This chapter has detailed how the co-researchers have been "held". Part Two is about the stories they told in response to the research question. The

first chapter summarises their stories in what Moustakas has termed "Individual depictions" (Moustakas 1990: 51).

PART TWO: THE CO-RESEARCHERS' STORIES

Introduction to Part Two

Voices in the text

Part Two of this dissertation is the *core* of the study. Its function is to represent the co-researchers' stories to the reader. Although it is written in my voice, I am attempting to privilege "the self" of the co-researcher, and to give mine second place.

Hertz (1997) characterises voice as

...a struggle to figure out how to present the Author's self while simultaneously writing the respondents' accounts and representing their selves (pp xi-xii)

The whole research project illustrates this struggle although it is especially present here in Part Two. The data is co-constructed¹¹ and inevitably the two voices yield precedence to one another depending on the content of the text. But I have, where possible, quietened my own voice it is in the attempt to let the stories and storytellers speak for themselves.

Part One allowed me to tell my own story with authority, as well as engage with the idiothetic values that I brought to both the philosophy of the research and also to its practice. This authorial voice once again becomes prominent in Part Three. The construction that I place upon the Conceptual Discoveries - and Re-storying (Chapter Seven), in the Discussion (Chapter

¹¹ See an interesting application of this concept to a psychotherapeutic context in Rigazio-Di Gilio (2000), and Rowan's useful exploration of the continuing role of the participant in "dialectical" research (Rowan, 1981:104).

Eight) and in the changes to my own subjectivity in the Creative Synthesis (Chapter Nine) is predominantly in my own voice. In these sections the co-researcher's' stories also, in a sense, become "mine". The story has become re-storied in a way for which I must, and do, take responsibility.

A detailed description of the process involved in co-constructing the stories

The first interview

My first visit was very important in the co-construction. The narrative was determined by the person and by the event they described. This took precedence over the research question. When I first met the co-researchers face to face I listened carefully to what they said in response to my main question *What difference did your life-event make to the way in which you work with clients?* Then I usually interjected to clarify what was their main response to that question, rather in the way that a commonplace listening "conversation" would take place. I recorded all these first visits and later transcribed them.

Incubation

I lived with these encounters for long months and even years (what Moustakas calls "incubation" [1990:28]). I listened to the tapes of the interviews many times and kept an extensive journal of my reactions to the stories and to their tellers. I worked through some of my negative, as well as positive, reactions to the stories. I began writing.

The second interview

Then I sent the co-researcher what I had written, and sent them the transcript of the first interview if they wanted it. I asked them not to read the transcript before they had reacted to my piece of writing in the second interview because I did not want to influence their memory of the interview in some rather factual way. I was more interested in what an intervening period had done to their story.

My second visit was often a testing experience from my point of view. Sometimes the co-researcher's memory of what they had said was indeed different from what I had written. Sometimes the mode in which I had written offended somewhat (see Ellen and Rhiannon's stories referred to in Chapter Nine). During this interview I struggled to establish what I had written that did not resonate, what had, perhaps, deeply touched them, if at all, and what I had just plain misunderstood. The subtle process was like a dance. In every case there was an accommodation in which I went away with more to do, more to alter, and with an enforced but increased humility about what was mine and what was theirs. Two people were unable to see me but willing to speak on the telephone so I tried to listen to their intentions and made adjustment without actually being able to see them.

Further co-construction

When I had made alterations I sent them back to the co-researchers again. One person was very insistent that I use the exact form of words of which the co-researcher approved. At times I felt like an amanuensis rather than a co-constructor. I gave way, because at this point the story was theirs and not

mine. In the process I learned more about the "place" from which the story emanated.

Final co-construction

I sent the depictions for comment. There was then a further stage of co-construction when I selected the exemplary portraits. These were sent to the co-researchers yet another time, so that my editorial comments were subject to the co-researchers' authority. Suggestions were made and then incorporated. Sometimes I have made further editorial alterations to the exemplary portraits where it will make the communication clearer to a reader, and I have added explanations in parenthesis to my journal entries.

I have not included any of the co-researchers recorded in Chapter Five (Individual Depictions), in Chapter Six (Exemplary Portraits) in order to avoid repetition.

Chapter Five: Individual Depictions

There was a time when you were concerned because the trauma made it hard for you to be available for your clients. Yet, at the time counselling was also a refuge, a "safe structured bit of my life, away from the chaos so I knew what I was doing...I'm amazed at the capacity of human beings, to almost be able to expand to other's understanding", you say. The trauma seems to have acted as a medium to open you up in a real and more relevant way as time has gone by. Your availability has expanded.

(Part of my initial written response to Fiona, a co-researcher whose son was addicted to heroin)

How the stories have been told: a variety of authorial style within each depiction

I had a different relationship with each of the co-researchers, and my first written response therefore took several different forms. In Jane's case I wrote a kind of "report" and in Rosemary's I wrote a poem, while later in Exemplary Portraits (Chapter Six) I wrote some fiction, purporting to be Tina's dead sister, talking to her from the Beyond. Sometimes I simply tried to tell the story, just as it had been told to me (e.g. Jason's story). This variety of response reflects in part the many-layered aspects of a sense of selfhood (Giddens, 1991) in both the original storyteller and myself.

Where stories are accompanied by some interpretation, the co-researchers have seen, discussed and agreed to this added layer. (For instance when I liken Ellen's early life experience to the infant's lack of mirroring as described by Stern (1985).

The experience of, and learning from, the interviews: the event precedes the meaning

I asked the question "*What difference to your practice did your life-event have on your work with clients?*" This seems simple, but the response to the question in every case was far from simple. I found, without exception, that the story of the *event* came first, and the focus on the clinical repercussions was, at times, in danger of being lost. Sometimes I even needed to remind the co-researcher of the question, so engrossed were they in the construction of their own story. There were one or two situations in which I sensed this intervention may have caused some resentment. Perhaps the co-researcher felt that he or she was losing his or her own focus?

In spite of careful briefing, some co-researchers appeared not to realise that the purpose of my second visit was *mainly* to check my understanding of the first interview, rather than to extend their story. The storyline once more seemed stronger than the question that evoked it.

How the depictions were selected

How can I avoid realism in the way in which I present these stories?

Moustakas approvingly quotes Polanyi (1964:10): "Scientific knowing consists in discerning Gestalten that are aspects of reality", (in Reason and Rowan, 1981:209). Moustakas seems to have no qualms about realistic assumptions in categorisation. He quotes Clark's use of analytical methods (1990: 49) similar to those suggested by Strauss and Corbin (1990) in their procedures for Grounded Theory. This may be because Moustakas was suggesting a way of moving forward to a "composite depiction" (1990: 52) which I have

decided is of no real value to this study and have dispensed with (see p. 73). I felt, however, that the integrity of the stories could be lost if I labelled and categorised them too easily, or with such a realist assumption.

A chosen resolution

Although each co-researcher developed their story, I decided to return to the storyteller by categorising what the co-researcher told me on *my first contact*. This came after they responded to an advertisement, an article, workshop talk (see Appendix Six). They often prefaced their initial conversation with something like "X happened to me, so I wondered if you would be interested in using it for your research?" I have decided to be obedient to their first intuition by labelling with *the "presenting" story lines*, then grouped the stories by the relatively value free categories of:

- events arising directly from professional involvement with life
- the more general events associated with chance and with the life cycle

These have been subdivided in temporal order as in Holmes and Rahé (1967). The sequence I have chosen has *nothing to do with any imputed ultimate meaning*.

A summary of the depictions in this chapter

Table Three: Order of Individual Depictions

EVENTS CONNECTED DIRECTLY WITH THE PROFESSION OF THERAPY	
Events during therapist training	
Rhiannon	Psychosis apparently triggered by role confusion during training
Ieuan	An unexpected reversal during training
Complaints against the therapist	
Jason	Disciplinary procedures following profession complaints
David	Disciplinary procedures following profession complaints
EVENTS NOT DIRECTLY RELATED TO THE PROFESSION OF THERAPY	
Two sons of two different therapists who were addicted to heroin	
Jane	A son's addiction to heroin
Fiona	A son's addiction to heroin
One woman whose life is lived in and through a "broken heart"	
Ellen	A broken heart exacerbated by the ending of a relationship
Bereavement	
Clare	Multiple bereavements
Maram	Bereavement
Rosemary	Bereavement
Ill health and the threat of mortality	
Christina	Ill health
Death	Delia

Exclusions from this chapter

I have excluded the stories of people who appear at length in Chapter Six, "Exemplary Portraits". These are the stories of Tricia, Debbie, Tina and Juliana, and were occasioned by the birth of a son, the death of a baby, the murder of a sister, and the death of a husband.

Where quotations are made verbatim from co-researchers' material, single-space italics are used without quotation marks. Quotations from my writing in response to the co-researchers' stories are boxed.

The depictions

EVENTS CONNECTED DIRECTLY WITH THE PROFESSION OF THERAPY

Events during therapist training

These two stories tell of the effect of training on two different people. In a sense the training itself became the life event for both people. In one case, for Rhiannon it seems catastrophic, at least in the medium term, while for Ieuan, the event is interpreted positively by him.

Rhiannon's story

Rhiannon's life as a counsellor was ironically and cruelly interrupted because she undertook some additional training, this time in the related field of psychotherapy. She had been working effectively in a northern town. She decided to take a course in psychotherapy in a larger city outside of her area. She had been attracted to this particular training by her earlier contact with a workshop leader who greatly impressed her. Later she described this draw as an "enormous idealising transference". She eventually applied for the long training after the closing date, but the leader "moved the boundaries" and admitted her. This was the beginning of a series of boundary errors that cost Rhiannon dear.

As part of the training she was required to have therapy. The therapist she was with at the time proved unsatisfactory so with the consent and encouragement of a "grandfather" figure within the training organisation she recommenced therapy. This time her therapy was with the trainer who had admitted her to the course and who was at the same time teacher, her development group facilitator, and her supervisor. Rhiannon was always uncomfortable with these many roles although the person concerned did not seem to have any qualms. Rhiannon, however, felt that she was "two-timing" the group by not telling its members about the additional arrangements of therapy. Eventually Rhiannon's own sense of what was right and ethical won the day and she revealed the multi-faceted nature of the relationship to the group. Some members of the group "went ballistic". "How could you? You should have known better", they complained vociferously to her. Instead of

blaming the tutor, Rhiannon blamed herself alone, taking full responsibility for an arrangement where she was, at the most, only a junior partner.

At the time she seemed to cope. She kept herself together through what felt like a persecutory torrent: "Just keep your head...just let happen what happens". She still had three modules to run, and she decided to stay with it - a living hell that had its cost. One of the eventual results of this terrible exposure to her own worse fears was catastrophic breakdown of her sense of being.

On the surface Rhiannon's compliance with the disastrous role-confusion was very understandable. Her first training had involved just such a mixture of roles. In the early days of counselling in this country, such an arrangement was not unusual. But her identification of the "idealising transference" is probably the stronger reason: "At last I have found a mum" she thought at the time. "She understand me, she knows where I am coming from". Even when this transference was positive, and before she made her revelation to the group, the situation carried its own anguish. She had to witness the group, she says, "having intimate contact with my mum".

(Individuals within the group would receive therapeutic interventions from the trainer within the context of the training group). Rhiannon was not able to explain her emotional truth; she indeed did have a "special" and individual relationship with this woman. That she sought a better version of her own mother is not surprising since she had been brought up by a possessive and intrusive mother who seems to have existed in a world that did not really acknowledge Rhiannon as a separate person in her own right. There is a

sense in which the mother figure/trainer had for a moment become "everything to her".

So when Rhiannon told the group, she felt responsible for, and punished for, the pollution of the group. But she also felt that she had lost her special mother and her peers. She found herself without any sufficient container. This experience is, perhaps, an illustration of the role of boundaries in a situation of vulnerability and the turmoil and destruction which, may occur when those boundaries are not present (Gilbert and Shmukler, 2002:447-448).

The catastrophe rumbled inexorably forward. Rhiannon began losing things, catching the wrong trains, and driving her car in the wrong direction. She became at this time "perpetually" frightened that she would overstep a boundary with her clients. In the end she stopped counselling and descended into a very deep depression. She was put on massive medication. Her husband and colleagues were "incredibly supportive". Yet she on one occasion went alone at night into the kitchen and picked up a knife and was poised to slash her face, being only just able to restrain herself. She says:

It had got to the point of not even wanting to exist at any level, even to have a body, wanting to evaporate, (not even wanting to be) molecules in the air.

She sometimes rang the Samaritans who listened, but were unable to be of further help. Eventually she would calm down and go back to bed, only to face the same again when the nightmare returned. She was besieged with dreams of babies being murdered and of finding dead babies in a field. Hell would have been a relief.

She had some residual skills, which survived this internal holocaust. She could still garden. Eventually she got a job in a garden centre. This ability to function along with the ordinary, but superb, care of her family and colleagues began to bring some intimations of healing. She was also greatly contained by starting therapy locally, twice weekly. This lasted for two and a half years. She says this therapist was "appropriately holding and made survival possible". Little, by little and with much additional supervision she began tentatively to practise again. The remnant of her spirit proved stronger than the disintegrative forces that had threatened to obliterate her.

This catastrophic training experience was disastrous for Rhiannon in the medium term. After several years of harrowing pain and disintegration she has pulled through and reintegrated herself. Yet the integrative process has not stopped with the re-figuring of her life as a woman. It has also changed how she is as a clinician:

Whereas before I would be flustered and flappy and anxious and sweating...it's like I can just slow myself right down...stay containing, stay with the client...it's like the theory and myself have all come together.

Back now in full time practice, she reflects on the changes her massive breakdown hastened or brought about within her. Although having always been able to understand at an emotional level, she now feels herself to be "many times more empathetic" with her clients. She said, "I feel a deep compassion with a sense of understanding that I'd never really had before". Previous anxieties about seeing depressed clients were much reduced. She says that her clients would experience her as being much closer to them now, although she also says, "I am a lot more disciplined

about what I give away about myself'. Perhaps most tellingly, however, is her assertion that she is now able to

...go far, far deeper into the pain...I can stay with people...and I'm not nearly as frightened of people's suicidal ideation...I feel I can walk with them in that place with a depth of understanding that probably offers a containment.

She says she is also able to work at much greater depth and completes therapy much more quickly now.

Ieuan's Story

Ieuan has long experience, working both as a clergyman and as a group therapist in Wales and in the Midlands. He has always done therapy with very disturbed men and women in the mental health system. As I listened to his story, I was struck, not so much by the events that had befallen him, but by the significance of being an only child both inside and outside of his life as a therapist. He wavers between two views about this childhood status, but the optimistic view appears to be the one that he favours. He quotes Freud in "A Childhood Recollection", (1917) (in Freud, 1966:156):

If a man has been his mother's undisputed darling, he retains throughout his life the triumphant feeling, the confidence in success, which not seldom brings actual success along with it.

Ieuan was always aware that his mother loved him more than she loved his father. This may have been one of the reasons that he describes himself frequently in the first interview as "insouciant". He carries with him a slight attitude of "make of that what you will". He told me that he always thought he could say what he wanted because he was already an outsider. His childhood and adolescence were characterised, he says, by a kind of

self-sufficient independence which enabled him to get by, and to engage in life's joys, yet aware that he had to pay the price for being one so special.

Indeed his talents were recognised. He did a great deal of group work in hospitals before he ever thought of training. He was surprised and hurt when an application to work on an overseas posting came up and he was not given the job because of his lack of formal qualification. So he applied for a training and was accepted. He tells the story of a mistake that he made during his training with insight and some humility.

As part of this training he was facilitating a group at a local hospital. This coincided with a period when he and his wife bought their grown-up son a small house from an inheritance. They had gone one evening to help clean up the house ready for him to move in. Their son, with the same insouciance as his father, told them that he was going out and they could help themselves to any food they wanted. They returned to their own home, the wiser for the experience, aware that the son had meant no hurt, but that a boundary had been declared. It was then that leuan received a telephone message to ask him why he had not arrived to facilitate his hospital group as expected. leuan had completely forgotten about it.

When he reported this, somewhat casually, in his group supervision, the group, and the supervisor, made him aware that he had failed to appreciate the significance of his lapse of memory. "You just don't get it, do you?" they commented. The supervisor was restrained but nevertheless ironically made him aware that there was something amiss in his construction of both the events at home and the significance of the group. leuan was conscious of a pit opening up beneath him. There was the possibility,

perhaps for the first time, that he was not going to be a success, and that he might fail the course. He was able to admit that he felt "something had happened that just derailed my confidence in my sense of professional integrity". The group's message was succinct:

You just don't think, do you? You're a very feeling person but you don't think or feel when it comes to these intimate personal issues. What the patients make of it we just can't imagine.

He said his reactions, so inexplicable to the training group, were

...about consciousness, about pain and fright...I recognise it as defensive...I suppose as an only child...it has been a mode of survival...it's what I do...Will I always carry it off...because one day I expect to come a cropper, like everybody else does.

He had now "come a cropper", and the possibility of failure consciously emerged for him.

This is not the end of the story. Although he experienced some hostility and envy in the group, he was also able in some more meaningful sense, to join it. In his own words he could "mix it", (he could rough-and-tumble) and still survive. His survival did not depend on his being "an undisputed darling" but rather on his ability to accept his imperfections more fully under the scrutiny of a "family" in which he held no prime-ordinate place. He discussed his response to the group and to this intervention with me. I suggested the notion of humility. He did not see the outcome of his experience in that way and preferred the idea of "connectedness."

He finds it hard to say exactly what difference all this has made to the therapy he offers others. He recognises that it is significant that he has always worked with groups. He said of an earlier group he had belonged to that it felt like having brothers and sisters for the first time. I suggested the fact that leuan had survived within a "family" group when his fitness to be in it

may have been in question was significant to his work. In my summary of his story I said: "It seemed to me that it was one of the events in your life that helped you to join in with life rather than observing from a slightly sardonic place". Ieuan agreed and said:

I found myself working with sexually abused women...I was more than impressed by their capacity for retaliatory rage...But I knew I'd be all right. When I got through I would survive, I'd be all right.

Perhaps his earlier experience of surviving his own catastrophe in his own training helped him to do that?

Ieuan's story seems to be about the integration of an archetypal experience into his more general personality development, and his subsequent use of his whole history and whole self - in the therapeutic endeavour. It is not a dramatic story but is the stuff of life. His ability to examine and reflect on his life-experiences lends weight, he says, to his present ability to withstand the considerable rage and pain of his recent client groups.

Complaints against the therapist

Professional life after training can also provide the "life-event" which calls upon the therapist to respond differently both in personal and in professional terms. One co-researcher Jason says that he took the whole experience of complaint in his stride, though with some learning, while for David, the experience was harrowing in the extreme. Both, however, choose to see elements of the experience which are redemptive in some way.

Jason's Story

Jason is a respected US professional who works in many counselling fields with distinction. He has done huge amounts of work on his own self-development and recognises in his own work the importance of separating one's own ego from the counselling process. He is renowned within his own circle for just this insight. He hit against this very problem, however, when he developed an opinion about a particular client which disagreed with the client's own definition of the cause of his problem. The client, a man of mature years, saw his chief concern to be around issues of his parenting, whereas Jason was convinced that the unhappiness this client experienced was located in his lack of self-esteem. The disagreement became so crucial that the therapy ended. Jason's reaction to this was resigned, but he was comforted by an awareness that "you win some, you lose some".

The client however, was not happy and wrote to Jason complaining that his therapy was misconceived. Jason replied, congruently, that he agreed with him and backed it up by sharing his thinking about counter-transference. The client, in turn, said that since he agreed with him, he should return his fees. Jason resisted this but after a long correspondence with his lawyer, agreed to repay the fees. Jason thought this was the end of a rather unpleasant incident. This was not to be the case however and complaints were made to a professional association relating to this and related issues. Eventually the matter resolved and a professional board proportionately disciplined Jason.

Looking back after several years, he finds the learning from this incident hard to disentangle from many other experiences in his own

personal life and in the world of counselling. Jason's thinking about this extended incident runs counter to culture. He betrayed no self-pity as he recounted the incident, referring only to his partner as feeling angry on his behalf that he should be accused of wrongdoing, and so vociferously pursued. He describes himself as "not a very good hater" and not a person to get into feuds. Instead he sees his main fault as having broken his fundamental understanding that it is not the therapist's job to put their own diagnosis first...even if it is 100% copper-bottomed." Years later, he remains critical of his tendency to make judgements about what is good for the client. He says that whenever he is on his own wavelength, rather than on the wavelength of his client, he is making an error.

For Jason, like several other interviewees, a spiritual outlook informs the way in which he has processed the experience. He is able to admit where he got it wrong with the client but also to be merciful about his own shortcomings:

I think I have acquired a sort of more pitying aspect (towards) the foibles of my persona.

The incident, painful though it may have been to all concerned, was grist to the mill. In this sense, Jason does not seem to regard professional problems as any different in what they may teach from any other challenges that may crop up in the lived life. The learning for him appears to be more about his and other people's humanity and where that may resonate in a wider and infinitely more significant understanding of the universe. He says:

I want to be the still centre at the hub of the wheel, which participates in the whole movement totally, but is not moved by it.

The experience of being brought to examination by a professional body was not for him the devastating experience that is so often reported. More, it has been a further experience in the gentle art of living with the foibles of self and of others.

Jason has incorporated this experience into his life and practice. He hopes his ability to recognise his own fallibility will inform the way he encounters his clients in their own fallibility.

David's Story

David is a person-centred college counsellor working in London. He counsels clients with the whole range of problems routinely presented by students in further and higher education. Working with “fragile process”¹² is familiar to him. This characterised the way-of-being of the client who made a complaint about him to the college. This complaint and all the process that went with it caused an upheaval, which resulted in David's re-examination of his whole personal philosophy and counselling practice. His voluntary self-scrutiny was in spite of, and alongside, his clear understanding that he had not acted in any way that was inappropriate with the client.

The charge made against him had many heads and was made by this intelligent and verbal client. At no point during the two research interviews with David did I ever hear any attempt to blame the client for the counsellor's personal distress. Rather I heard repeatedly a record of a determined effort to disclose, in the hearing, only relevant material, while protecting the client's

¹² A term that indicates dealing with all experience with a strong sense of vulnerability.

personal material as far as humanly possible. David felt very unsupported by the college although he feels he had always been very loyal to it:

I feel very betrayed...I feel I'd have been much more protected if I worked in private practice.

The complaint had an immediate impact on David. He stopped working with clients for seven weeks while he gathered his resources:

I felt tortured...I wasn't in a safe place...I was on a basic survival level...I wasn't fit to see clients.

During his time away from work he developed a highly sensitive awareness of ethical issues which he carried with him when he eventually recommenced practice. When he did return to work, he undertook a reduced workload and increased his supervision.

During this period when the outcome of the complaint was in doubt he realised how very precious his job was to him. His work was suffused with the notion that it might soon be taken away from him. "I feel so incredibly sad. I love the work I do," he said at the time. Strangely, perhaps this experience of precariousness enabled him to "stay in the moment" with clients, savouring what was in the "now". He was also inspired once again by the courage of many of his clients thinking "My God, people survive all these things: I can survive what I am going through." He managed, he says, to leave enough space for his own clients while processing his own distress. He felt as if he were "carrying around a guilty secret" but nevertheless found that his ability to listen and be open to his client was greatly increased. More immediately, the (infrequent) touching of his clients that he sometimes employed in his counselling became a subject of anxiety, amounting at times to terror.

The counsellor comes from a family with a troubled mental health history. His own mother had been falsely accused of minor mistreatment of a client in her care in a Social Services setting. The charge made against David revived these memories. It raised also the fundamental question of how one is to know if one is sane or not:

This is the fear I have...that maybe I haven't understood anything...I thought I was driving a red car...and actually I was riding a bicycle...Had I really misunderstood everything so much about myself?

His sense of his world was profoundly shaken. He embarked on what he later called "a complete reality check". He says that this endeavour "accelerated certain processes" which he thought were "ultimately healthy". He believes that "even though this was like emotional hell at the time, it has moved me on."

I feel quite fuelled up now, and energised and motivated in a way that I wasn't before, to both change lots of different aspects of my personal life...but also in my professional life that I see as part of the same thing.

David feels that his own spirituality increased over this arduous period. He now deeply understands the unfairness that is so much part of his clients' lives.

At one point in the co-construction of this story, I wrote to him. I said that the age-old debate of how to be right with any given person at any given time, seemed to be exemplified in his own personal crucible of experience:

It does not seem that you have solved this human dilemma through your experience, but rather you have lived it and felt the sharp edges, and explored its terrors with a profundity not known to many of us.

David was exonerated when the case was finally heard. The only criticisms were minor.

EVENTS NOT DIRECTLY RELATED TO THE PROFESSION OF THERAPY

Two sons of two different therapists who were addicted to heroin

These are stories of two women who encountered an incursion into their life which, they in no way expected. They dealt with their situations differently, making distinctive internal journeys. In each case, however, they reported coping by finding some distance from the immediacy of their sons' demands. Both reported a changing relationship with their clients.

Jane's Story

Jane is a health worker who uses integrative counselling in her work with people who are experiencing severe mental health problems. She is a woman who speaks clearly of her joys and sorrows without apparently any attempt to varnish them with pretension. She grew up a "bewildered little girl". She is the only child of parents who had a "doctor/patient" relationship. She married a man by whom she had two children. This marriage ended when she realised that there was nowhere further for it to go. Their divorce was amicable and co-operative.

When her second child Andrew was young Jane's father spotted that there was "something not quite right". He was "impulsive" at school and by the time he was thirteen she realised that he had a developing drug habit. This child was lively and in many ways a lovely young person. She did all that could be done, taking him to a child psychiatrist, and dealing with his

problems symptomatically as well. But in those days little was known about Attention Deficit Disorder with which he was eventually diagnosed.

Meanwhile Jane had completed her counselling training and was also dealing with her divorce. The older child was growing up as expected, and has since developed a successful career although Jane suspects she has not "confronted some of the issues" arising from her brother's activities. Andrew did manage a year at work but this ended when his erratic behaviour was no longer tolerable to his employers. Jane, now remarried, was anxious to maintain a reasonable environment for herself and her new husband.

The pressures grew, as Andrew's behaviour became more dependent on his addictions. Although Jane wanted to make a life for herself she was extremely reluctant to reduce her efforts on behalf of her son. She still endures the dramatic effects of drug dependency on her son, and thus on the rest of the family. Waiting with him in car parks for the dealer to arrive, emergency phone calls in the middle of the night and frequent visits to the police station and to hospitals have become part of the fabric of her life.

Eventually she had to ask Andrew to leave the home when she discovered that he was "dealing" from the house. She hoped and believed that this might bring him to his senses. It didn't. She now regularly delivers groceries to him where he lives in a flat with other users. The pressure grew as a son was born to Andrew and his girlfriend. This occasion, instead of being a time for joy, was in fact just one more situation to be handled. Jane had neither the authority nor the co-operation to make this birth a positive experience. Mother and baby are believed to have re-located to the south coast following rehabilitation, and all contact has been lost.

Then a major leg artery had to be removed from Andrew and it looked as if he might die. The situation now is almost beyond bearing, yet he is still here and showing signs of very little change. Jane's therapist voiced Jane's own inner thoughts when she commented "And he won't die for you".

All this time, Jane continued to work and to enjoy her clients. She recognises that before the situation with Andrew became so critical, her counselling of others operated as a kind of refuge for her. This activity was something she could do, something she was used to and where normality reasserted itself. Her work, which was originally skills based, has, however, radically deepened. Much of her work is now suffused with the notion that "staying with the client", however bad it gets, is what is important. This phrase might seem almost prosaic, but when seen in the context of her experience, assumes a poignant meaning. She believes now that the worst is still endurable. She sees her battle for some necessary detachment from Andrew as paralleled in her work with clients. She is sure that staying clean with the clients is healthy, but in her own case the battle continues to rage between a mother's instincts and a "rational approach" favouring detachment from her son.

I was aware of my status as a witness to the harrowing story. I also stand as witness to her dignity as a woman and as a counsellor. These were my most important and only contributions as a researcher. For Jane the scorching experience of this kind of motherhood cannot be, and perhaps should not be, entirely separated from her own engagement with the wider sufferings of the world in her counselling practice.

Fiona's Story

Fiona compares her experience with the devastation wrought at Ground Zero¹³. She was training for an advanced counselling qualification when she discovered that her beautiful son was a heroin addict. Ironically, at this time she was engaged in a process of research into "What it is to be real". She herself had a drug-related history but had kicked the habit as soon as she was aware that she was pregnant. She regards her son's addiction as a "spiritual cancer". The corrosive quality of this metaphor is borne out by the story that follows.

Following this discovery she went into overdrive trying to help him to get off the drugs, but is now into a kind of resignation that realises that one day she will lose her son. On the way there have been many promises, attempts to reform on his part, but always with the same result. This arduous journey has involved her learning for the first time what her son is to her. Before that she survived on what she describes as a "romantic" version of him where he could still be like all children "the best they can be, and to realise their potential, and to have some joy in life." Instead she was faced with chaos:

¹³ The description commonly applied to the site left after the destruction of the Twin Towers in New York on September 11, 2001

My (present) husband and I went to clear up the flat (occupied by her son and his girlfriend)...and that was a terrible day...It was just terrible, terrible. And I've got such a lot of images of the total mess...the chaos of (his) life...there were needles everywhere...(amongst their) food and clothes...and you could see how they lived in the corner of a big flat...there were needles falling out of cupboards.

Fiona battles with bitterness although she does not like that word. It was her ex-husband who introduced her son to crack. Yet she finds it hard to hate:

It's difficult because there's part of me that still loves him" (her first husband)...."I have come to the view that what happens in my life, and others' lives are...events. We can choose how we respond to them. That's our only freedom.

This woman still lives in the midst of this mental agony. She sees that her attempt to stand way from her son's life has helped her not to be so ready to rescue her clients, since she now knows at a very deep level that this doesn't work. After the crisis she was rather afraid that she wouldn't be there for her clients emotionally and she responded to this danger by getting much more, and very focussed, supervision. She said, "The focus was on me rather than on the issues of my clients".

She began to see the counselling sessions she conducted as a place of safety. "This was a safe structured place, away from the chaos so that I knew what I was doing." She felt surprised at the way in which she found herself to be different with her clients. She was more direct with people especially when talking about death:

It almost doesn't matter that they're dead because the relationship isn't.

It seems as if the tremulous relationship her son has with both life and death has somehow translated itself into her relationship with her clients and their own inner life.

Fiona describes herself as previously being quite “scary”. She sees herself as much less so now. She is more emotionally available, and knows herself better. She has a more solid foundation to her sense of self:

I'm more sure of my beliefs, because I have revisited them, and tried to work out, and what I need to hold, and what's irrational, but still need it anyway.

This clarity appears to help Fiona be more truthful with her clients. She says that she no longer avoids issues with her clients. Nor does she now avoid so many aspects of herself:

I become more self-aware, and therefore more aware...that I don't get it all right. I feel OK to make mistakes.

She knows that “nothing is really safe” but has evolved what she calls a “circle of preservation”, when she withdraws from a situation but does so positively.

Fiona's life and counselling has undergone radical revision following her discovery of her son's addiction. Nothing can be the same again. The relationship that she forms with others is suffused with a kind of humility. She is aware of her own inability to change anything other than the way she responds to the stuff of life. She carries the knowledge that this is true for her clients too.

A broken heart exacerbated by the ending of a relationship

Ellen's story

Ellen is an experienced person-centred counsellor. Her story is about a woman with a broken heart. She has consistently seen herself as unlovable, yet is persistently, in Wordsworth's phrase "surprised by joy"¹⁴. Her work, in the main with younger people, often has reminded her ironically of her own young self, still possessed with many possibilities, yet with an enormous capacity for emotional pain.

She grew up with two parents who treated her well physically, and in visible ways responded to her without obvious emotional unkindness. Yet she was rarely able to feel unconditionally loved. This feeling which she describes as "lack" rather than "loss" was made more poignant by her person-centred training where she got in touch with what had been missing in her inner life. She tells the story of a tutor on her course who shocked her by saying that she could never earn his approval. She was reassured and very moved by his rejoinder. He explained that she could not *gain* his approval because she already had it. There is perhaps an irony to this revelation since when she first showed interest in this research she was wondering whether the training had had good repercussions in her life. She said in her initial contact "Since training I have experienced a huge amount of change and upheaval in my personal and professional life...I think a lot of it was brought about *because* of the training". Insight does not come without cost.

¹⁴ From "Surprised by joy-impatient as the wind"- a sonnet by William Wordsworth.

It has always been hard for Ellen to know that her feelings mattered. Not surprisingly she characterises much of her life as an endeavour to gain approval and Ellen had learned from her parents that certain things could be expected of her. So she did it all. She went to college, she got a degree, she married, she had a child and then, in her own words “I threw it all away”. This she says was because the endeavour to gain approval and feel loved hadn’t worked, she still felt alone and unloved.

Ellen was moving away from her former life, one which felt unreal, and in which she felt she was suffocating. She was waking up to herself, her personal history, and the depth of her emotional life, which the training perhaps accelerated, when she met a man whom she felt would make the difference. She remembers:

I fell deeply in love with him and he led me to believe it was mutual. I felt truly alive and loved for the first time in my life and I trusted him because he had the credentials of trustworthiness; he was an experienced and I believed respected person-centred counsellor and trainer.

She tells how astounded she was to wake up one morning and discovered that *he* had made the morning tea. He was the first man for whom she felt

...a passionate connection...When I expressed any doubts or fears about the realness of our love for each other he reassured me and reinforced my belief in his love for me”.

For months she lived a kind of happiness that she had never known before. As the weeks went by they shared more and more time together and everything got better and better. It was her lover who articulated this for them both, as it seemed. They sang and danced and talked into the night:

We believed the sun set just for us as true lovers do, 'truly, madly, deeply'.

Then suddenly, after four months, “he just ended it unilaterally” and disappeared from her life forever. He gave lots of reasons at the time, none of which made any sense to her. It was eight months later that he wrote a brief, “cold and scrappy letter” to tell her the real reason: he had met and fallen in love with someone else just before the last time they had spent a holiday together. She says:

The shock of such betrayal was immense, I was physically in pain for months and thought I would die of a broken heart. I don't know to this day, how I survived or if I will ever fully recover. What this experience did was to reinforce big time my belief in myself as unlovable and unworthy of love. Why else would I be treated so cruelly and betrayed so deeply? I was grief stricken and my self-worth was in complete tatters.

This experience she believes, led her into two further destructive and abusive relationships:

With hindsight I can see that I didn't believe I deserved any better. What I thought was given to me LOVE, was in fact nothing like. I can see now that it was the single most damaging experience of my entire life.

It took a further seven years of personal therapy to realise this didn't happen to her because she was unlovable. She still “perhaps” feels the broken heart and says:

“I'm not sure I'll ever be able to trust someone enough to believe they really love me. I'd like to believe my present boyfriend loves me, and sometimes he says he does, but I no longer know what to make of such declarations. I don't know what it will take for this to change”.

During the early days of this trauma she was aware of an intense aloneness which caused her great pain. She describes giving herself time to

feel the depth of her pain, travelling to her counselling work. "I cried all the way to work and all the way home again". When she got there she did her work well and was happy to be there: "At work I had a job to do, clients to be with." Yet she was aware that she would drive home with her broken heart, yet never doubting her capacity to take care of her child. She describes being very "raw and hurting" yet aware of the validity of her daughter's question "Where is my tea?" Ellen recounted this story with the irony familiar to parents of adolescents, but nevertheless with the indication that this response was a familiar one to her throughout her relationships.

A lack of true reflexivity between herself and other significant people has been a source of frustration and pain in Ellen's life. She had never felt "mirrored" in Daniel Stern's (Stern, 1985:220) sense. During her training she did from time to time experience the kind of silence that allows her to think, and to fully experience her pain. She highly values those people who are able to stay with her in her pain and can allow her to work through it in her own time:

They were crumbs but precious ones and ones I have been able to use and grow.

This, she says, was the most important part of her training.

I've been in total despair...you know, believing that I am totally unlovable...I do go through periods like that...allowing myself, I suppose to get right to the bottom...I wake up the next day...I drive to work...I notice the blossom and the trees and the birds...and think it's wonderful.

It was difficult to tell what Ellen meant by her original question which was whether the upheavals in her personal life had been *brought about* by counselling training, or whether it had merely increased her awareness and

made the pain of her life more accessible. Perhaps this is a question that Ellen herself lives with.

Living open to a broken heart has, however, enabled her to stay close to the pain of her clients:

It feels when I am suffering myself that I can actually bear it...I almost feel that I am much more sensitive and compassionate...when I'm really hurting.

She believes it was through knowing intimately her own suffering that she served her apprenticeship as a counsellor.

Ellen is ready to see herself as a fellow traveller with the younger people she counsels. She wonders at their capacity to heal and to make huge strides in their own development:

You know there are things they teach me...they give me hope when they do that, and I really take seriously what they do.

Like some of her colleagues in this study, Ellen finds being beside another person's pain sometimes gives her respite from her own.

This experience of synchronicity with some of her clients has caused Ellen to examine what boundaries mean to her. It is clear that her boundaries have worked for her to some practical extent, since however great has been her anguish, she has never needed to stop work. It is important, however, for her not to draw a line between herself and the client. She describes this conviction with the help of the words of one of her clients:

If I need to protect myself from a client's pain, how can I offer to be with them when they are in it? Our protection seems to be summed up by one of my clients who discovered that "although self-delusion seems to protect us from unbearable pain, ultimately our salvation is in facing reality".

It would seem that Ellen, in living alongside and fully experiencing her own emotional pain, is better equipped to help her clients fully experience and accept their own phenomena:

I believe because I faced my own pain, as unbearable and terrible as it was, I didn't turn away or defend myself from the pain – this is what I learnt to do for myself and what I bring to my clients.

This process has brought about another change that is significant:

My ego is less involved these days. By being with, recognising and feeling my own broken-heartedness all prior roles have slowly but surely fallen away...there is no pretence or dissembling in front of my clients.

If, indeed, Ellen lives within her broken heart there is no need for any posturing. She is as she is before them, as they are as they are. No further boundary is needed.

Three stories of bereavement

These three stories reflect the many sides and various outcomes of grief. Juliana and Debbie's stories in the next chapter complement them. Here, Clare suffers multiple bereavements following abuse as an adolescent, Maram loses a sister to cancer, while Rosemary's husband dies of the same disease. Here all similarities cease, and the massive experience of death sets off repercussions in a highly individual way.

Clare's Story

Clare works as a transpersonal counsellor in a large conurbation in the Midlands. Her story has echoes of Job¹⁵, the Old Testament character whose life was beset by misfortune followed by tragedy, followed by more of the same. I was reminded of Frank's (1995) "chaos narrative" as I listened to her story. Like Job, Clare emerges with some learning, and some humility, and a deepened spirituality.

Clare's life events cannot be neatly tucked into a "before becoming a therapist, and after" scenario. They read like a continuing backdrop to her attempts to take care of herself and her loved ones, and the ongoing task of nurturing and protecting her clients.

Clare's parents were divorced. When she was fourteen she had a near-death experience. She emerged from this having narrowly decided that it was better to live than to die. She lost both her mother and her grandmother within four months of each other when she was only twenty. She had since discovered that she was abused as a child. This revelation "shattered" her life for a time, as an adult. There was a period when she had marriage, wealth and success, but one baby died after only four week's life. This was followed by a miscarriage. She divorced her husband but later remarried him, realising that she only needed time away from him to process the many impacts on her life and wellbeing. He was to die in 1999, but not

¹⁵ The book of Job, in sacred scriptures of Jews and Christians.

before financial ruin caused her house to be repossessed. Then her elder surviving son committed suicide. And this seemed like the last straw. Ironically, her father survived her son by a few months. She felt like "Typhoid Mary"¹⁶.

At a certain point, and in Clare's own words, she "stopped running". She was helped greatly to stand still and to accept her experience by an eastern faith of which she is a strong adherent. The framework of this faith, and also her determined efforts to understand what her faith said to her in her own experience, has resulted in a degree of equanimity and detachment which is in contrast with her biography of loss and trauma.

The effects of both the life events and her processing of them have reperculated on the therapy she offers to her clients. She lost her confidence in herself as a therapist at the time of her son's death by suicide. (She "mainly" stopped seeing clients for six months then). But, she says while that is true she also did not lose her confidence long-term in being with her clients:

It was almost as if the one thing I could trust that I could 'therapise'...it was something I knew I could do.

When she thinks back, the whole period is in a haze. She did stay with one client throughout the whole experience since this client was also in bereavement. Clare judged that ceasing his therapy would be harmful to him. She told her client about her own situation in case it were necessary for her to cancel sessions at short notice. Her client reported that he felt he had to

¹⁶ Marry Mallon, a cook, was accused of unknowingly infecting many people in New York in 1906.

take care of her. She assured him that she was being well supported therapeutically herself, so he didn't have to take care of her. She was aware of feeling that her client must complete his unfinished business, and so he did.

At another level the enormous experience of loss left her believing that her authenticity was greater than before. This was evident when she found herself responding to a male client who was constantly late for his sessions. She does not define herself as an angry person and had previously just "been there" with him in this behaviour. Her authentic response was to say, "I am not prepared to hang around fifteen or twenty minutes until you decide to come." The client broke a long time habit and has not been late since.

This sense of useful impatience is undergirded by her sense of the shortness of life, which her experience has burned on her awareness. She says:

Life is precious, and we have only a short time and in that short time we make choices...I have been through events which would have shattered most people...and I'm still here, I'm breathing, I'm working, I'm living.

She wants to "fan this flame" in her clients. She believes that all this experience can be passed on in some form. She says:

If we are looking at ourselves as therapists, as being external unifying centres, then what has happened to me in my life has made me a good, genuine article...there's both humility in that and strength...these are events outside of my control, and at the same time I can respond to them.

When I wrote to her after I had first seen her I thanked her for the "harrowing privilege" of being with her story. I imagine that something of that

the clients whose lives are in the care of this remarkable woman would share experience.

Maram's Story

Maram works in Manchester as a Community Psychiatric Nurse. She has been nursing for a decade and a half, and often feels constrained by the restrictions she experiences in the NHS. She has fairly recently qualified as a counsellor and very recently been accredited by her preferred professional body. She belongs to an Asian faith community and sees herself as a well-integrated member of a metropolitan society. She is single and takes an active part in her family, and in particular in her sister's child, a little girl who lives in a Mediterranean country.

Her "awakening" came when the loved sister was diagnosed with breast cancer. She characterises the news as "shock horror". Although this was indeed terrible news to everybody, the family settled down to supporting the sister through surgery and through its aftermath. Maram, although restricted by distance and by not speaking the language of her sister's adopted country, visited as often as she could, and made frequent phone calls responding to her sister as her sister's current state demanded. Her sister was remarkably willing to speak about the possibilities of the future although this varied with the changes brought about by the condition. As the illness progressed there were many reasons to doubt that the conclusion to the story would be a happy one.

Death is no stranger to Maram. Her mother had died ten years before and there had been several other bereavements in the family and with close

friends. This experience enabled her, she felt, to be very direct with both her sister and her niece when they wanted to explore what death would mean when it came. She said of her niece: "If she chose to speak about it then I was there for her." It was down to her to give her niece news of her mother's death: "I'm sorry, your mum has died", she said, feeling that it was kinder to say it like it was. This "bluntness" as she calls it, is there for her too, in her counselling, and is some part of the qualities that she feels she might bring to the dying or to the bereaved in hospice settings.

Her sister's death coincided with the final part of a part-time degree Maram was doing. Somehow she got through it and passed. She was not, however, able to go to her graduation. She does not appear to mind. She was numb. At the time the whole period is in a haze for her. She was left "feeling physically and mentally exhausted".

Yet in spite of being exhausted and drained it was also a time when she felt she could take stock of her career and where her life was going. She says:

Gradually, I have come to the decision that working in mental health isn't what I want to be doing anymore...I'm just putting in so much time and effort into a job...I need to see some change...I know deep down there is a positive job...it's got me thinking as a therapist... It was my sister's death that spurred me on.

An incomplete understanding of her cultural traditions by her employers following the bereavement has exacerbated her thoughts about a change of career. There is a tradition in her religion that there should be an extended period of mourning, in which she was not encouraged to participate. This and other things encouraged her to think, "I don't have to put up with his". She is contemplating changes in her professional life that will

give her the space to practise as she feels she is now equipped to do. She talks with her friends about the possibility of hospice work. They can see her working well in palliative care.

Maram's life has been changed by her sister's death. Something about her sister's courage, something in the resources she found within herself to face this situation and something about the skills and personal qualities she identified within herself, gives her the courage to contemplate life changes. In this story, the tragic death of her sister changed not so much the quality of her counselling skills, but rather moved her into the frame where counselling could happen. The quality of relationship afforded by the nursing profession had for Maram reached the end of what it could offer. She is now aware of the more specialised field where the qualities and attitudes she brought to bear in the bereavement can be more fully explored and used.

Rosemary's Story

(Sadly, Rosemary died some months after the second interview. This final version is not, therefore, co-constructed. I have, however, retained the same tenses as I used when writing her story after the second interview, and before she died).

Rosemary is a widow. She lives in East Anglia and practices as a person-centred/psychodynamic counsellor, while continuing to teach. She is nearing retirement age and is at something of a crossroads in terms of what she gives up and when.

She is passionate about her teaching, and nowadays less passionate about her therapy work. It is important that she continues to earn, and her clients tell her that she is doing valuable work. Yet something inside her tells her that some of the old spark has gone. She was once almost telepathic in her relationship with some of her clients' material. A mountain of grief, and a tumultuous and very sexual relationship with a man, following her husband's death, has left her now less "on-the-edge" in terms of emotional need, and perhaps more able to express herself elsewhere.

Rosemary had a harsh upbringing, in which she learned to love herself very little. She was not, therefore, surprised when her husband's successful career as a researcher meant that her life was in some senses a satellite activity around his eminent achievements. They were largely good friends although the relationship lacked a sexual spark. She had skills he did not possess, especially when he decided to retire early and set up his own business. Her busy life as a successful teacher, and as a respected local therapist and supervisor was due to diminish as they took on a greater joint identity. She says of him: "Richard was my best friend".

Then came the ironic and tragic news that her husband had fallen prey to the very disease for which he was known as a researcher. As a scientist he wanted to fight the disease all the way, even being selected as a test case for a new treatment. Rosemary went into overdrive, spending money and time on supporting him in his treatment, but also in researching alternative means of combating the disease. Neither of them was a committed Christian, yet Rosemary turned to the church in her own ironic way. She forged a

relationship between the clergyman and her husband, as the arduous medical treatment continued, believing it might help.

Many were the times she would somehow get her husband into the car in the middle of the night to transport him to a hospital where the paraphernalia associated with his treatment could be adjusted or replaced. In the end there was nowhere to take him but a hospice. Her husband took his papers there, determined to continue his research while he had strength to do so. The end came quite quickly but perhaps without the kind of mercy that betokens a deep acceptance. He was able to snatch the moment before loss of consciousness to tell Rosemary that he loved her. She was left with a future to face alone. The future was, and in some ways still is, very bleak.

Rosemary went back to work. She gradually picked up her practice, but her hours were beset by a deep and pervasive loneliness, which even her church connections did not assuage. She sometimes drank when alone, and eventually found a source of companionship on the Internet. Through this activity she met up with Nicholas, a man who is very different from her husband. She reacted impetuously to this very new relationship. She "broke all the rules" seeing him in her home the very first time she met him. They were passionate in their connection, yet neither Nicholas nor she felt able to give the same kind of commitment that they had given to previous relationships. They were constrained by distance, and by finances. There were also personality differences. They did not have the solid furrows that had characterised Rosemary's marriage, and with which to contain their differences.

When I met Rosemary for the first time, she was very low. The relationship which had so excited and confused her, and which had so brought her alive and thrown her into chaos, seemed on the decline. The loneliness, and sense of a grief unexpired, reigned in melancholy triumph. When I saw her the second time, the situation had regained measure and there seemed to be a more regular heartbeat to the new relationship. She even expressed some guilt that the death of her husband had set her free to experience wider and less circumscribed relationships.

When Richard died, her family and her counselling colleagues rang her clients and told them that she was taking a break following the bereavement. She tells the story of informing one client of the news herself. The client had the same illness as her husband. The client's response was to sympathise with Rosemary that she had to deal with both her husband's illness and her own. Rosemary was moved by her client's unselfishness.

Rosemary thought of returning to therapeutic work after about two months but just couldn't, even with the support of her colleagues. The client, who had been so empathetic, died before Rosemary could recommence therapy with her. Rosemary did, however, visit her in her house four times before she died, so they managed a kind of ending.

Rosemary lost, for a time, a sense of being articulate when she returned to counselling. The kind of piercing insight, which made her connect with clients through image and a sense of emotional nearness, was no longer there. As she said "Part of me shut down". This has been reflected in her style too. She reports having become "more realistic". She has kept her practice smaller. Whereas before Richard died she coped with eight clients in

a day, now, if she sees four, she feels exhausted. She still manages to teach, and her energy is undiminished when she talks about her projects with her youthful charges.

So Rosemary's life continued... a tale as yet to unwind. Her dialogue between her old self in the marriage with her "best friend", and the emotional uncertainties of her more adventurous life with her lover continues. She does a professional job, yet her heart seems to be with the adolescents she teaches. Her spirit is no longer stifled but by the same token the suffering associated with her client work seems no longer to be grist to the mill of her emotional life.

I wrote these lines which Rosemary found moving, and which perhaps describe her life on the cusp of something different.

*Richard come back
Come back now!
But do not come too close.
Do your thing and be my friend
Comfort my heart with your regularity and pace.
Watch indulgently as I have my adventures.
I want to tell you what it is like to live without you.
I want to luxuriate in your approving presence.
And then I want you to turn to your papers, preoccupied.
While I live.*

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Ill health and the threat of mortality

This story was told from the heart. It was difficult and painful to listen to, as well as to respond to. The storyteller maintains her own editorship of the

story, ending each section as she told it with a "positive outlook", to use her own words.

Christina's story

Christina's life has been beset by her predominant experience of feeling not wanted by her mother. She adored her late father and felt loved by him but says, to this day, her mother never misses an opportunity to criticise her. Accordingly she does not tell her now elderly mother much about her life. She does not even tell her that she has qualified as a practising humanistic counsellor and psychotherapist or that she is currently working towards a PhD in counselling.

Christina is divorced from a man she describes as "seemingly charming" who, unknown to others, treated her badly both physically and mentally. She lives without sound financial means, managing her life so that she does not fall prey to self-pity or, worse still, to the illnesses, which threaten to beset her. She has had different cancers and several other serious incursions into her health. Once during treatment for one of the cancers, she refused full cancer treatment because it "got in the way" of her academic plans. Christina's biggest secret is that she has a muscular condition that affects her balance, her handwriting and walking. Her management of this condition is helped by daily physical assistance from her local Social Services.

She makes considerable efforts to look good. Perhaps because these efforts are successful her disabilities are often unacknowledged. She says that "inwardly" she is disappointed that people are unaware of her disability, although she doesn't wish them to talk to her about it. She says this would seem "negative". She lost a sister from breast cancer at the same time as her own breast cancer and bi-lateral hip replacement. She did not tell her family about her own cancer. She says she didn't want to worry them further although, at times, her experience in hospital left her with some traumatising experiences to work through alone.

Christina entered avidly into her research interview although she was reluctant to acknowledge and discuss her illness as such. Afterwards she wrote:

I'm aware of two skills I have learned throughout my life...One is that I am conditioned to 'keeping secret'. This has been a handy tool for my counselling...The second is that I am aware...of having acted as the 'nurturing parent' towards my clients, when I have had long spells of illness.

She added the significant comment: "*I've said the word!*" This was an important statement to Christina since she is usually strenuous in avoiding this description of her condition.

One way in which she has coped is by giving high importance to her continued training and academic achievement. She has already studied through one "deadline" set on her predicted limited life span offered by the medical establishment. She is optimistic about surviving, but also realistic, and has prepared her own funeral service. She describes her various visits to the hospital to deal with the latest scare as an "irritation" or as "thorns and

thistles" that have to be waved aside in pursuit of her learning. She says of one particularly arduous period in hospital: "I was keeping emotionally in control, because I was feeling OK physically".

Her sense of being a going concern is more important to her than the warnings of doctors.

Christina has a similar attitude towards her voluntary counselling work with clients, and with her paying clients. She needs to rest with heat treatments every morning, but carefully times her day so that clients will get her at her best. She makes sure they get the moments when she feels "OK". She was not to be put off when after her hip operation she arrived at the GP's counselling practice venue in a wheelchair. She was determined to be there with her clients who she feels give meaning and purpose to her life "as a mother to her children".

I asked Christina about the repercussions of her health on her counselling. Her response is a strenuous attempt to protect her clients from the challenges that her body presents her. She occasionally has painful problems during a session.

You feel perfectly normal then all of a sudden its like...you're suddenly aware you're sort of leaning over, and pressing in and wriggling, and trying to listen, and hoping that the attack of pain's not going to be a four hour do.

Her clients, she says don't notice her unwellness. "I'm a real toughie...you have to have strategies...you might say 'excuse my back' or something like that" to the client.

She reflects, following her research interviews that her need to cope with health issues was something that she used also "subconsciously" in her work. She gave the example in the original interview of a man who said his wife didn't like him using a wooden walking stick. Christina suggested he might use a metal stick, "because that looks temporary - people will think you have broken your ankle, it doesn't sound so permanent". This was the very problem and solution that she herself had found, after her double hip replacement.

She still gains great strength from reflecting on a personal development group that she took part in during her initial counselling training:

I remember everybody and how they looked those days...fat, thin, they were so unconditionally loved and accepted...That was the safest place (I have) ever been in my life.

It was there that she first got a glimpse of some self-esteem, a quality she tries so very hard to encourage and foster in her clients. This counsellor seems to cope by treating the "negative" world as a temporary setback experience rather than as an ontological backdrop. She refers to just such a mighty defence in a recent communication. She says:

I fully believe that I am a survivor of the negative painful experiences, not a victim. I feel OK after years of not being OK.

Christina believes that she, perhaps subconsciously, uses her experiences to "rescue" other victims who are feeling "not OK". For those experiences, she says, she is now grateful. Her process appears to feed her defences in some way, although it would also seem that she might be choosing to limit herself with these defences.

Death

This next story is an epic of the attempt to find personal meaning *in extremis*. The narrative was told to me after the co-researcher nearly died, a couple of years before she did die. (As with Rosemary, I have kept the tense in which had written when we co-constructed this story although in this case Delia was able to approve the final version. I read of her death soon after the interview).

Delia's story

Delia is a very experienced eclectic counsellor and comes from a northern town, and a rich familial heritage. Her counselling modality appears to be based largely on her strong adherence to an eastern faith of which she is a respected authority. She told me that she really enjoyed telling her story. Perhaps that is because the story revolves around "falling madly in love" several times, and also because it represents a passionate engagement too with her own mortality.

She was originally medically trained. She feels that her relationships with people, including her patients and her clients were "authoritarian par excellence". The first dent in this position occurred when she fell in love with another doctor whom she describes as "an absolute rotter". This man's intelligence and charm entranced her. Yet somehow her mind ruled and she gave him up on the advice of another "authoritarian man" whom she deeply trusted and who acted as a kind of guide in important matters.

Perhaps more of a shock to her was another "close encounter" after she had married a reliable and "funny man" and she had had her children.

She fell in love again, only this time her love was for a woman. Delia does not regard her love for this person (a nurse) as being in any sense lesbian, although she says that she would have been sexual with her if she had not also been in a faithful relationship with her own husband. Her female friend gave her many hinted opportunities to fulfil the relationship sexually, and Delia knew that she was "only a hair's breadth" from allowing this to come to fruition. Somehow she stayed the right side of her own conscience in the matter, but only just.

The passionate emotional affair merged into a wider friendship as the years passed. During the later years of her life Delia had been troubled by symptoms of her body overheating, and this crystallised into a diagnosable illness when a particular cancer was diagnosed. She was almost relieved not to have to face another hot summer and resigned herself to an early death sustained by a belief that characterised death as only a physical departure. She told her loved and grieving son that he could talk to her any time he wanted to after she had died. She said all he had to do was to listen to the breath of the wind in the trees and she would be there.

Delia resisted medical treatment. She knew too much about the medical world. Eventually her family persuaded her to have some intrusive and painful tests. Her female friend was much in evidence at the time. She seemingly supported Delia in her wish not to have treatment, but appears to have also colluded with the hospital authorities to administer some abbreviated form of chemotherapy when Delia returned home.

Her family gathered around her. Her husband did many practical things for her, read to her and supported her in his own way. Her children

responded with varying degrees of acceptance. One adult child in particular was very resistant to her dying and begged her not to die. Her room was filled with flowers and with prayers, and with the excruciating accoutrements of loss of bladder and bowel control. The stage was set for the end.

But there was another, unplanned act to follow. Delia, against all odds, and rather against her own volition, recovered. One evening as she lay very weak in bed, she asked for something to eat. Some weeks later her daughter came home to find her sitting in a chair, dressed, drinking a cup of tea and reading a paper. For this family, a miracle had happened. She was to live for another few years. Once more she knew what it was like to be a "hair's breadth" from an ultimate disjunction.

Delia was a very unconventional counsellor. She told me that she occasionally had her clients to breakfast if they had travelled a long way. She would involve them in her family life to a degree. She sought her husband's permission to have lunch with a client who was passing through her town. She said beguilingly, that she loved intelligent and successful people, and indeed this emerged in the way in which she talked about them. For her, she explained, boundaries were very much "in the moment". She said she never crossed one that actually made a client into a confidante, or a friend into a lover, but she seemed to me to live on the cusp of a passionate experience with people and with life itself.

Her clients were part of her precarious life. While she was ill, both before and after her near-death experience, she made her clients aware that she may need to leave the room to visit the lavatory during their session or that she might need to cancel a session because she was too unwell to see

them. She felt that the clients were able to weave this experience in with their own, and make a deal with reality. She did not make special provision for her clients, were she to die suddenly. She believed that the faith that she expounded would sustain them in their own grappling with the realities which she so poignantly represented for them.

She spoke with passion about some of her very fragile clients. Some had been very dependent and spoke with great fear about her impending death. She brushed aside their belief that they could not manage without her, and said that they would know what she would say to them so could have a session with her any time that they wanted to. She felt that the major psychological institutions would have been horrified with her, and she was probably right.

Sometimes her interventions were brusque and never quite departed from the authoritarianism with which she characterised her early career. She would sometimes speak to a client on the telephone, and tell them that she was not prepared to be their psychotherapist if they were going to go on saying stupid things. She had no truck with the aspects of madness that she thought her clients could manage without. As such she may well have been a very potent reality check for many of her clients who verged on an alternative reality.

Perhaps the most striking part of Delia's analyses of what her life and near death had taught her was to know for a certainty how very near we all are to the dilemmas of personal relationships, particularly those of fidelity. She saw many couples and said that she had come to realise from her own experience, just how near we all are to a kind of emotional disaster. This is

paralleled in some sense by her experience of being nursed intimately by her own family. These experiences seem to have resulted in a particular kind of humility that she reflected in her work with her clients: "...it's almost as if you are one person, and they're kind of caring for you and you are caring for them." She agreed when I said that this experience seemed to give her a kind of "nakedness" beside her clients. She said that this dynamic produces a certain kind of intersubjectivity: "There is this completely free communication, because there's nothing that says "I'm in control and you're not", or "I know better than you". Her need for authority expressed in her early life had been dissipated by a kind of passion that left her free to respond to other human beings in a way that evidently had its own authority, based on humility.

After the re-telling of these stories: a reflection on the embeddedness of the answer to the research question

The story told by the co-researcher often followed the pattern of telling me first of all about the life-event, in some detail, accompanied by illustrative examples. This was followed by an account of how they had survived, or were surviving the experience. Only then were most of them able to talk about the effect of the event on their work with clients.

The experience of this research in this respect would confirm Mishler's (1986) early characterisation of narrative in terms of plot structure (a problematic situation, action and resolution). Chatman's (1993) analysis of narrative structure in fiction and in film lends an interesting slant to this analysis of structure within a story. He uses the framework of Piaget's notions of wholeness, transformation, and self-regulation. Here, the

"wholeness" claim seems to be ratified by the persistence of the co-researcher's need to structure for themselves. Only then could they be sure that all that needed to be told was indeed said. "Self-regulation" ensured that the story was not shapeless, but rather necessarily led up to, and illustrated transformation *in the storyteller's own terms*. The co-researchers sensed when I wanted to get too quickly to the transformational aspect of the story, couched in my research question and rightly resisted me.

Embeddedness and heuristic methodology as envisaged by Moustakas

The answer to the research question lying deep within the shape of the story is congruent with the point of this particular piece of heuristic research. Moustakas does not himself seem to expect a direct answer from his co-researchers as to the nature of his concern (e.g. in "Loneliness" 1961). He does, however, seem to expect that these stories will coalesce in some form later in the process. He appears to place a high level of reliance on such mechanisms as "tacit knowledge" on the part of the researcher (Moustakas 1990: 40, quoting Polanyi, 1969). For Moustakas, this "knowing" is the outcome of the data collection, notably in the immersion, incubation and illumination phases (1990: 28-30). These phases of the research process culminate in the explication and creative synthesis phases. This outcome seems either mystical or quasi-scientific, a position which I reject. I have a simpler aim. It is not to summarise or to detect essence, but to stimulate, and to generate a new story.

Embeddedness in this research: a post-modern intervention?

The purpose of re-telling the stories in this research is "to encourage compassion and to promote dialogue" (Ellis and Bochner, 2000:748). The research is not designed to establish, or to support a "grand narrative" (Loewenthal and Snell, 2003:3), but to reflect on an interaction between a question and a series of responses to that question: between the questioner and the person questioned. This research has the goal, therefore, of setting the reader/listener off into their own explorations and debates rather than producing a definition of the phenomenon being studied. In that sense my "purpose" is post-modern. And then it gets more complicated and more interesting.

The process of this heuristic research entails a breakdown of the questioner/questioned divide. The story becomes a dance where the partners constantly re-find their place in relation to one another. I move into the dance and out of the dance. At the beginning of the study I am more in it than out, but by the end I am observing both the other dancers and myself, as we weave and interweave our stories in a multi-layered, and dynamic, corps de ballet.

Conclusion to individual depictions

These stories heard here through my voice in the narrative, and my involvement in them, are *the core of this study*. They matter because these stories are now in some sense "events". They are themselves phenomena.

They have their own effect on the person whose narrative they are. They also reperculated on me the listener, and now as the storyteller. In turn this narrative ripples out and on to the readers of this new compounded account. The stories continue in another form. The next chapter picks up Moustakas's ideas of "Exemplary Portraits". It converts the purpose of these portraits from the identification of some kind of essence (Moustakas, 1990: 13) to one which exemplifies the dialogic process which is the keynote of this particular inquiry.

Chapter Six: Exemplary Portraits

- David *I did particularly pick up on what you described as my "shadow side", now I'm not sure if I misunderstood that, but I wasn't quite sure about that bit... I feel like we're not quite there yet.... we're sort of..... I don't know it's hard to.... [talk over]*
- Peter *Do you mean that you and I are not quite there yet?*
- David *Yeah, I'm not sure if um.... if I've accurately expressed what was going on....*
- Peter *And I suppose that I know that there is something in me that is potentially abusive, something within me which is potentially...creative*
- David *I think I'm with it now.... I think... I've captured what I wanted to say, I think ... the process of what I've gone through hasn't captured it for me, I think in a way I was already aware that there was that potential in me...*
- Peter *Are we communicating now?*
- David *Yeah that feels more accurate yes... yes... it was more or less there, but just something not quite ... but that feels more accurate now.*

(David and myself struggling to reach a point of intersubjectivity)

A contrast between Moustakas's use of Exemplary Portraits and their purpose in this study

Moustakas

Exemplary portraits belong to the "explication phase" (Moustakas, 1990: 23).. He suggests that the researcher "selects two or three participants who clearly exemplify the groups as a whole" (1990: 52).

The researcher then develops individual portraits of these persons, utilising the raw data, individual depictions, and autobiographical material...The individual portraits should be presented in such a way that both the phenomenon investigated and the individuals emerge in a vital and unified manner.

This use of exemplary portraits is therefore predicated by some idea that one story *can* represent other stories and yield some measure of an essential quality.

The use of Exemplary Portraits in this study

Since this present study is making no attempt to point towards essentials, I have changed the *purpose* of including exemplary portraits, although I have retained their use. The object of this study is an attempt to represent the story told by co-researchers, and to be transparent in revealing the partnership between the co-researcher and myself. I have therefore chosen to tell the story of four storytellers in some depth, and to illustrate the *process* of the story's eventual co-construction. This *study makes no attempt to produce a theory*, rather it seeks to represent the way in which the stories were told, passed on, revisited, and eventually put into a written form that all parties could recognise and live with.

How are the Exemplary Portraits different from the Individual Depictions in Chapter Five?

The depictions were designed to illustrate a shortened version of a co-construction in a moment in time: they are some kind of "product" of co-construction. The exemplary portraits represented here are designed to take the reader through the process of that construction, from the point of view of the researcher, and from the vantage-point of the co-researcher. They are here to give a sense of how that story at a moment-in-time emerged. They illustrate the dialogic process, the focus of this particular study.

The beginning of the dialogic process

The dialogic process began when co-researchers contacted me, having seen advertisements (Appendix One), attended conferences where I ran workshops (Appendix Six), and after having read an article that I wrote in a BACP Journal (Martin, 2001). So in a sense, the conversation started then. I recorded all conversations and transactional letters were kept. I take the view that narratives take place in a context of rapport of some kind, and each of these interactions is regarded as important.

A variety of processes exemplified here:

This chapter is, in itself, a story of how a narrative is *re-storied*.

- Tricia gave birth to a baby. Her story has been chosen partly because it is an expected life event, such as appears in the inventory constructed by Holmes and Rahé (1967), and partly because the storyteller reacted to my response in a very interesting way. There is virtually no contrary response from her to my input, but *a deep illustration of the impact of the story on me, the researcher*.
- The second portrait of Juliana tells her story of bereavement, another event in the life cycle. Her story echoes some aspects of Rosemary's bereavement (Chapter Five) but of course there are differences. The story picks up a thread of interest in mortality that keeps insisting on its place within this "storybook" of research. *It illustrates some of the intricacies of co-construction*.

- Debbie's story combines the expected life event of a birth but carries within it unexpected tragedy and complicated grief. My engagement with this story has been intense, and the process of dialogue similarly so. Her story *takes the dissection of the second interview begun with Juliana's a stage further and sets out her responses, and my responses, to each part of the portrait that I drew.*
- The final, harrowing, narrative of Tina represents an extraordinary event, in any life cycle, the murder of her sister. It is an *illustration of the way in which involvement with the process of co-construction interplayed with my own psychic material, and the way in which co-construction was not the same as synthesis.*

These exemplary portraits are neither representative of people or of types of human experience. Rather they are examples of ordinary individual human response, in what for each person was an extraordinary experience. They have been selected because they tell something more about the dialogic process, and because the detailed re-telling of each portrait is undergirded with the strong sense of permission from each storyteller. These portraits represent dialogic encounters that are sufficiently robust to allow the reader to be drawn into their catalytic power.

How the portraits are set out

The format of each section varies with what it is there to illustrate, although each section gives the context, tells the story, and then makes comment.

Note that where quotations are made verbatim from co-researchers' material, single-space italics are used without quotation marks. Quotations from my writing in response to the co-researchers' stories are boxed.

The written responses and the co-researchers' responses to them

Tricia's story

In the first story, there is virtually no response to my input from her, but a deep illustration of the impact of the story on me, the researcher.

Context

Tricia is a psychoanalytic therapist who works in the north of England. After some years of this work she had a baby. I had known her for many years before the baby was born.

This interview was originally destined to be a pilot interview. As I reviewed this interview I was conscious that its content and the nature of the research trajectory was important especially because the dialogic process is so different from that in the other portraits. So I have preserved this material here as an expression of the validity of this kind of dialogic process. My hypothesis is that storying begins in a different place, when the participants already share a common story. In later interviews with people with whom I was not already familiar, I responded at a greater distance. This is what I wrote for her, after interviewing her for the first time, some years after the

baby Tristram was born. Here I interwove my own responses with the story I had heard.

My written response

It is now nine months since we met for the first time to talk about your pregnancy and the effect that giving birth to a son had on your work. I am aware, as I write (in 2002), that the story has been incubating in me for nine months - conception to birth!

I remember the way in which you took care to preserve your joy when you knew that Tristram was on his way. You took enough care of your patients but seemed to feel no doubt about the absoluteness of the pecking order. You said: "from the moment I knew I was pregnant, work started to shrink - to shrink into oblivion really". You also said "I was going to claim my time ...I think I had less compassion and energy to concern myself about (parting from the clients) too much...I was saying 'This is what I'm prepared to offer and, this is what you know, I'm not prepared to offer.'

I remember the story of the patient who seemed to "know" that you were pregnant even before you did yourself. You talked of your disquiet at working with this person. I recalled also the moment of warmth you felt towards her when you realised that her intrusion signaled how desperate she was to get inside you. Yet, while you seemed very much in touch with her desperation, you said there was "not enough room on the knee" for both Tristram and her. It rather felt to me that such was your awareness of her desperation that it was too much to bear all of the time.

While you were safe with Tristram inside you, you could perhaps acknowledge her need and know the primeval force of her yearning. But there was no real competition. As you said to me: "My priority was my baby and not her".

Some of your patients, however, had synchronous experiences with you. There was a client who "reclaimed her life" while you were pregnant. She also gave birth in the sense that she assumed her own "power" while in therapy. You said that she experienced you as a powerful woman anyway, and that you were now present as a visibly biological (pregnant) woman too: "She was busy claiming her life and I was busy claiming mine". Looking at both of these patients it seems that you became aware that you can nurture whole healthy "babies", in terms of your therapeutic work, as well as acknowledging the possibility that not all births will be full term.

I remember too another patient you told me about who "managed to get herself pregnant". This phrase put me in touch with an element of exclusivity in a pregnancy. Listening to how you and Tristram were not separate when you were pregnant stopped me in my tracks. I am aware that envy may have also made me miss that understanding. My own material or perhaps my gender that had missed the basic unity that was there at this point in you and Tristram. My misdirected implicit protectiveness in some of my questions missed the point. Perhaps this projection is the last resort - a defence against separateness?

Yet, I was moved by your own identification with all children. I remember the story about your visit to the newsagents soon after you

returned home from hospital. You saw pictures of severely deprived children in the papers there. You collapsed in tears. All children were your children:

Tristram was my child and when you engage with a patient you're taking on their pain to some extent.

You saw a patient who had lost a child before the birth of Tristram. You felt the distance you had had before your own motherhood may have helped you to deal more dispassionately with this woman's grief:

I could maintain...a higher degree of distance... and probably because of that, in some ways be quite effective.

Yet you used the word "humbled" when you described how you felt when you saw her again briefly some time after Tristram had been born. It seems you were then better able to understand the depth of her grief when you were yourself a mother.

When you returned to work after the birth, you chose your clients carefully so that they were not people who as children had been severely abused. It seems less that you were protecting your baby, and more that you were protecting your ability to mother. Throughout your pregnancy and after, there seems to have been a massive preoccupation that gave context to the rest of your life. Perhaps, as you suggest, your road accident early after returning to work, signified the conflict you felt about having another life, away from Tristram. I remember feeling that there was something violent and mutually exclusive about the meeting of these two worlds as you resumed work. You said at one point in the interview "It was like I was just surviving."

You did seem to need your work. It created a boundary between your baby and yourself at this point. The world of work was important in finding

yourself as a separate person again. Your ability to have a cup of coffee with a colleague seems initially more important than the actual clinical work!

I sensed a reluctance to "put more children on the knee" at this stage, yet gradually your world seemed to re-assemble itself albeit in way that was forever changed.

You were careful to say that you did not directly use your psychological knowledge when you were nursing Tristram, and you did not make direct correlation between being a mother and being a therapist. Yet you did feel that the experience had in some sense made you into an "expert". You said that you thought that sense of competence might have come in other ways. Yet for you being a mother quickened this sense of knowing. For you the intense experience of having a baby helped you to gain more tolerance of neediness. "It gave me confidence to hold...when the patients are being bloody awful... you can hold on to something else. You can still see the child despite all the behaviour, or whatever, and that does help." Your use of the word "confidence" comes through again and again.

I said to you that the experience seemed to have changed your identity in some important way. You said "I think it just grew as Tristram grew, and my patients grew...I think it was a training without realising it." Somehow motherhood seems to be a cornerstone of your present experience as a human being. It is hard for me to escape the danger of projection there so I shall be very interested to see what your heart and your head says in response to that thought.

Living with this interview, listening to it many times in the car as I travel has been a privileged experience for me. It seemed odd how one hour's

experience could present itself at so many levels, and spark off new thoughts in me about a very basic phenomenon.

It seems that you give more and less to your patients. The "more" seems to be about your groundedness as a human being, your faith in the process of life, if you like. You seem more able to be present, with fewer defences and a better sense of the implicit as well as the explicit boundaries between you and your patient. The "less" is that the patient now is less fascinating, less central, perhaps like the rest of the world. The patient has more of you emotionally, but less of your need. You say:

I'm not in that exquisitely painful place I was before (immediately following the birth of Tristram)...but neither am I in that place where I can distance in the same way.

On the other hand you feel something has changed forever..."it's like I have fullness that can't be questioned because of that. That can't be questioned but there is richness inside me.

Comment

Tricia's response to my writing

I went to see this co-researcher soon after I had written the response, nine months after the first visit. I prepared myself to hear many corrections, and to respond to her thoughts and feelings about what I had written. This did not happen. She said she had read it through, and it seemed to be saying what she had said to me. Her only concern was that her patients to whom she had referred should not be recognisable in any way. I reassured her, and said that I would change significant details, and have double-checked that since.

She then told me a story that arose from the first interview. She said she did not want that story to be part of the research, and so of course it is not included. I was fascinated by the way that she seemed to take it for granted that I would know how to re-tell her story. It made me wonder about the trust that is engendered in "witness ceremonies" (Russell and Carey, 2003; White, 1995). The function of these ceremonies is to validate the experience of an individual. The focus is on the storyteller, and not on the witness. I had done my job by listening to the story, and the definitional ceremony was complete in that I had heard, witnessed and validated the experience of another (Myerhoff, 1986:267). When I sent the final draft of this chapter to her for her comments she wrote:

The ...thing that struck me was just how important and satisfying it is to feel heard. You really captured the essence of my story and took it to other levels. I know we aim to achieve this in our work but it still startles me, the power of being heard.

Tricia's story and my subjectivity

My overall reaction to Tricia's story is best summed up in an early piece of writing that I did very soon after the first interview. I had been caught by surprise. I thought I already knew this person's story. What I learned about her as a therapist caused me much reflection. What I learned about her as a woman had before that moment been obscured by familiarity.

My own reflexivity revealed a deep envy for that symbiosis (in childbearing). I did not know whether to empathise with her client's sense of loss when Tricia became pregnant, or in Tricia's new and expanded world. I realised how I, as a man, had never understood, even dimly, the unity of mother and child before the birth.

But, just as profound for me, but perhaps more conceptual, was a realisation about language and the therapist. Tricia's discourse was very tight and very conceptually laden. I was aware of this even though she was speaking to me as a friend, albeit a therapeutically literate one, I had always had an unspoken concern about the nature of psychoanalytic discourse, and its transformative effect. Now, at least I understood one of its functions.

I listened to Tricia's careful language and realised for the first time, that one of the chief functions of analytic language is to protect the analyst from the damage of the patients so that they can go on working with them. I also experienced great sadness at the loss of intimacy (with my clients) that I had paid for the use of such terminology myself.

Distancing mediated through language that I had identified then led my thinking to a greater gulf between therapist and client occasioned by events "near to home".

I thought much about how unimportant clients become, at some level, in the light of huge biological events. I wonder where the client would be (in the consciousness of therapists) in the event of war. I remember trying to construct some kind of way of being with my clients during the (first) Gulf War, letting its reality in but also trying to honour the individual process of my clients. I thought about the backdrop of the vicissitudes of my own primary relationship...How much do I, as an experienced therapist, use my client's stories as an escape from my own conflicts, and insofar as I do, is that counterproductive? Perhaps it is all about living together in society and constructing roles that give us all a turn?

I reflected in my journal on the way in which Tricia's narrative had emerged, and about the way in which I as the witness-cum-participant had needed to move in and out of her story.

In terms of the construction of the self through narrative (See Giddens, 1991), Tricia changed her narrative on a continuous basis. Nature, not therapy, dictated the change in order to protect the new entity that was emerging. Her own self-reflectivity aided that process, but at some level, I think it would have happened anyway. Her notions of professionalism helped her to deal with conflicting demands on herself during the time she was preparing to leave her clients. As I have observed, her very language enabled her to contain the experience.

She was in no sense a wounded healer as a result of her motherhood-just a different healer, more accessible in some ways, and possibly less accessible in others. My impression is, however, that motherhood has profoundly changed the way in which she sees her work.

Finally, I found myself experiencing this encounter as a celebration of friendship, enhanced but not detracted by the demands of research intention:

I experienced the interview as a very precise kind of bonding between this brave and intelligent woman. We were dancing a very intricate dance which we both understood but which required our entire concentration. It was a very beautiful dance, not sexual but social, not for onlookers but as a kind of deed done. We knew, I think, that there would be a product, another "baby", but that this was serious business, to be conducted with some joy in the warmth of many years' friendship.

Juliana's story

This portrait of Juliana illustrates some of the intricacies and sometimes difficulties of co-construction.

Context

Juliana is a counsellor who works with the spiritual dimension within her clients. Her beloved husband Aaron died just a year before I first heard her story. Below is what I wrote some months after the experience of listening to her narrative:

My written response:

All of your life, you have tried to be the best you could be, even when you didn't know how to be it. In the past your efforts to live took the form of a "decadent" life style. Now your life is an expression of your quest for spiritual depth. This quest is mystical but has a practical aspect. I was struck by your wish to give a charitable explanation for the behaviour of others even when you felt forsaken by them. I was moved by your hospitable attitude to me, expressing my presence as a "gift" on a special anniversary for you. As I sat in your room, I listened to you and to the birds singing outside. I was aware that I was glad to be with you in that strange and awesome mix of joy and pain, which was so much part of your life at the time.

Your spiritual awakening is the keynote of your life. You said: "I realised that I'd always been asleep, I'd always been dead and now I was awake."

You were not content to live the rest of your life celebrating that one glorious period. Your goal instead is "...to become alive every minute of every day". And I get the sense that raw and unyielding as the fact of your beloved husband's death is, this pain is preferable to being asleep. Your pain and your capacity, even now, for joy is the way that you relate. Your most precious gift is the quality of your connectedness with this universe and the people in it. Counselling, for you, has always been an essentially spiritual activity where "spirits meet". You say, "...love is the essence of the work I do..." And Aaron was a mighty conduit for that purpose.

Your unity with Aaron seemed almost complete. When your clients had gone, there you were for him and he for you. I asked why he worked as your secretary. You said:

It was important to me um...because we worked together as healers and although he wasn't trained as a therapist, that was part of our image and part of our role.

Yet joined as you were to each other, after his death you still sense that you belong integrally not only to him but to all that surrounds you:

It was as if he were...um my arm and my leg, he was my other half really...(but) since he died the living spirit for me is connected with everybody...more and more and more ever moment of every day as I live each day

Yet this is not an easy path and the experience of grief is sometimes of grinding anguish. There seems to be something "rude" about the fact of his death, a kind of discipline that does not yield in the face of your grief. You are in some ways of Aaron's presence, yet you also know that you are alone, and that this next part of your life depends on the spirit within yourself. It makes you wistful that Aaron now only visits you in order to help others. When his pension was not available to you, you were left with nothing but yourself in material terms. So what you still have of him is what you learned and changed within yourself while he was with you physically.

When he received the diagnosis you coped, but only just. You describe the first session with a client, only hours after you had heard the terrible news:

I could feel in my body, that terrible pain, it was like water going through me, very, very cold icy water, all the time but my head was totally with the client, but my body was not with the client.

Some of your clients were allowed to know about his illness. You allowed them to share in the process if they wanted to.

With the old clients I did say I had something very important to tell them... because they might not wish to go through the journey with me...and one chose not to...the others didn't. They stayed with me...um, right to the end.

You could understand the client who had just recovered from cancer herself, who did not want to stay; yet I sensed this decision caused some sadness in you. Many did stay.

It was different with my clients (now) because I had to manage their need to look after me...and to allow them that um...joy, I suppose.... They wanted to be part of the process of living his dying.

You seemed comfortable that Aaron had confided the eventual good news of his treatment to a client. He said:

I 'd like to share with you that I had been told that there is some treatment, and there will be longer to live.

In a sense, his self-disclosure was your self-disclosure. This disclosure had to be weighed and balanced throughout this mighty experience.

I needed to get a balance for their welfare and their process. So what we did was, we embraced their process with Aaron's dying so their grieving became part of Aaron's dying and my grieving.

Gerson (1996:61), also bereaved, reflects this experience thus:

But I did react more intensely to patients. I was more susceptible to transference, distortions, and patients' reactions. My therapeutic armor was weaker, and my stance altered with patients. My reactions were truly more self-revealing. This shift seemed to crystallize central themes between my patients and me.

You describe the period of treatment as Aaron's "bonus time". Yet it was not a static time "I was growing so fast through my clients, through Aaron dying, and through going for counselling, so it was like I was spurting up".

The experience of living with the knowledge of Aaron's death helped you to be with your clients through desperate uncertainty: "So staying with the not knowing... has been a big learning for me."

When you knew that Aaron only had a few months to live, you closed your practice, and accompanied him into his next step with love and ritual and a desire to be open about the whole process. After his death you felt forsaken by your friend and your family because you knew, you said, that your grief was too much for them to bear. So your loss was not only of Aaron but also of William your grandson and involved also, for a time, the emotional absence of some of the family.

You described how you began seeing your clients again cautiously. You explained the change of circumstances to your first returning client. She "hid" behind a laptop in her first session while you re-emerged as a person who was there for others. Sometimes, now, you have been able to share yourself differently; entering even more fully into the experience of the woman who thought that if she found her self you would lose your self. You let your clients very close to you, embracing your grief wholly, yet you were also there for your clients. Aaron was very present for you. I described him as your "healing supervisor". You remember a particularly unyielding client and the voice of Aaron prompting "Ask him if he wants some healing". He is sometimes there but you are still wholly yourself while he is there.

At this stage in your process you are aware of every anniversary, every significant hour, every link that holds Aaron to you, yet all the time you are keenly aware that he is not with you. You are forever together and forever separate. Yet this separation seems to make you more available to your clients. You changed your routine so that redundant pattern doesn't trap you: "There was an enormous gap for me...because we had a tremendous rhythm and a pattern of working together."

You can give your clients space and thinking time. This was so different from what I described as the "chessboard" of either being with your client or with Aaron. Now your life swirls with an awareness of both of these encounters.

You describe how your counselling has subtly changed since Aaron died. I characterised the experience as a "widening and deepening of what was already there" which you said was "spot on". But some changes were more qualitative: "Since Aaron's death a lot of psychic things have happened with clients".

When the client said she had "found" herself, having had no self:

There was a kind of breeze that touched me and it was so powerful, and I knew that there was no breeze out there, that it must be the spirit...I felt she (the client) was looking after me.

This kind of closeness was a learning experience for you and was not always easy to assimilate:

Sometimes there is an uncomfortable feeling in me because I am not quite as strict as...um, rigid I say, as I was with myself with boundaries. Since Aaron's death, or even through the process of him dying. It has changed...so we're in relationship with it (the dying) more, and I think I'm more in...in a closer intimate relationship with my clients since Aaron died, although I thought I was (before), in contrast I don't think I was. I think I was more business-like, perhaps.

This seemed to me to be a big statement and I tried to summarise it by saying that the personal boundaries became more important than the professional boundaries. You said that these words were “ beautifully put”.

I joined you in the middle of something mighty. And I left you in the middle of something mighty. I was glad to be with you. During your conversation with me, you cried several times. I had a sense that joy and tears were a part of your present life that you treasure. You are not afraid of pain and you know that it is a gift. You seemed to feel safe to be what you are with me and I felt honoured by that indication of trust.

I look forward to seeing you in August when I want to see if this is accurate in terms of empathy to how you were thinking and feeling a year ago, and perhaps how things have changed since then.

Comment - My reaction to Juliana's story

This is what I wrote in my journal immediately after the first interview with Juliana. It reflects an entirely subjective take of the encounter, and is an illustration of the mighty impact of a storyteller and well as story.

I found this a very moving interview. I varied between being very overwhelmed by the feeling of intensity that Juliana seems to bring to any encounter, a wish to defend myself with critical or with quasi-scientific thought, and the sense that this woman had got something deeply right.

I was then very aware of my feelings but also of a battle within me to sort out priorities. This was an early interview, and my intellect wanted to get at the research question and then to wrestle with the content. This is reflected in a later part of the journal entry:

It was difficult to get her to talk about the actual process of her husband dying and its repercussions on her clients to begin with. But when this began to flow it did so really (well)... Then I was worried about some of her changed boundaries (following his death). It did seem that the observation that I made at the end (of the interview) that it was her personal boundaries that counted, rather than her professional ones (struck a chord)... we seemed to get somewhere.

But I soon turned away from my intellectual register with her material and back to the encounter. (My intellectual difficulties throughout this study have consistently become subservient to the relationship with the co-researcher and to the dialogic interchange). I was aware, even here that there was something therapeutic in this encounter even and what Clarkson (2002) calls a "transpersonal" relationship. My journal continues:

There was a real sense that there was a need for catharsis for Juliana as well. Admittedly this was much more so because this was the anniversary of her husband's burial. It seemed to me that she sensed some synchronicity in my visit.

Then again the "dance" of my attention returns to an intellectual, rational inner dialogue:

It might be helpful at some point to get a really hard-nosed therapist at work too, but at the moment I'm looking at the phenomenology of therapists who not only have "different models but different lifestyles and different takes" on the world. I am finding this all exquisitely interesting.

When I had finished writing the first draft of my response to the interview I decided, in this case, to directly explore what effect the interview had had on my subjectivity, not as part of my journal, but as writing intended to be addressed to others.

Speaking as Peter I am aware of my own separation from a loved partner. I am aware also that I was able to be with a woman that I didn't understand at an intellectual level but that I did seem to be in tune with at some other level. I had little sense that this person's narrative was compulsively constructed. I did have a sense of great care in the way that she presented her narrative, rather like the way in which you would treat work of art. This woman is not wounded as I see her. She has embraced her condition, which is part of her. She is offering her whole self to her clients and being as transparent as she is able.

Such a diagnosis of Juliana led me further inwards towards my own envy and narcissism, and thus towards a way of understanding her work within my frame:

I felt some envy for her clients, but also some relief that I could be different with my own clients. Lines of professionalism seem to be pushed where her practice is concerned. The subject/object relationship has to be seen in a different way. She is the kind of therapist I think would need to be found by the client. Because she offers just what she is, she would not necessarily help all clients' needs. This model is closer to one of friendship, and she a purveyor of universal skills. Her narrative is changing yet she clings with persistence to an over-arching narrative which once changed her life so much and of which Aaron was the embodiment. That is her, and this is me.

Comment - Juliana's reaction to my re-storying: some corrections

When I returned Juliana was welcoming and kind but began by checking some technical errors. This interchange was one such correction:

- Juliana *Only a technical error... um...if you read um... last... last but one sentence... "After his death you felt forsaken by some of your friends and family"... it was really family... and not friends.*
- Peter *I see, I thought there was a close gentleman who had to be away from you, you said.... It was a man...*
- Juliana *Yes, yes... that was a love affair... a love affair....*
- Peter *Yes. He never came back.
That was a friend...*
- Juliana *Yes that was he.
[talk over each other]
That was a deep friend yes...*

Juliana wrote back to me after she had given permission for this chapter making another comment on the process of co-construction, and indicating the way in which it relies on worlds hidden from the eyes of the researcher:

I was fascinated to read one interchange on technical error - "the friend" who I loved was seen by me as part of the family - hence me misunderstanding.

It was important to her that I had the facts "right". I notice in this dialogue some interchange between her, and myself, even as I struggle to understand where I misheard her before. The story I think I hear has become lodged in my mind in a particular form, and a small tussle was needed to dislodge it.

Comment - Juliana's reaction to my further re-storying

Juliana told me more about how she was now dealing with Aaron's death, taking down many of his photographs, and how she was able to see that his demise was part of the "Divine Plan". I asked her where the bereavement had led her, and she instantly replied "Home". She said this meant that her work with clients was now much more transpersonal. Her last words about herself were "I am more able to be that spirit within me".

A dialogical process

She wanted the experience of being with me to be reciprocal. I did not resist the democracy of suffering. She handed me a note as I left which read:

The spirit within me was strong when last we met but the flesh was weak and the invisible world was close by. Now that I am physically stronger I am more able to be that creation of the invisible world...Aaron was my constant mirror for the divine spark. Now in my working life, in my practise, I recognise the divine more and more in those people who put their trust in me, and know in my heart and mind that each one of them has the potential to reach their bliss... I did so enjoy our time together. All the questions you posed felt meaningful and helped me greatly in my grieving process.

It seemed to me that there was a resistance to the story ending. The note could be carried away, and might become, as it has here, a part of another story.

Her written communication here reminded me of her closing comment at the end of the first interview. She had remembered meeting me briefly at a local meeting when I returned after a long gap after I had had the breakdown which occasioned this study:

- Juliana: *Um... I have two experiences of you; the first experience of you was when you used to Chair the meetings?*
- Peter *Psychotherapy?*
- Juliana *Psychotherapy, and um... I felt your warmth, I felt your welcoming, your interest, not just for me, but for everybody and I felt that was very important because there was a coldness about the group that wasn't there when you were chairing it. And then you had your breakdown and I vaguely knew about it, but not through gossip or anything, just through fact, and then you came back. And it felt when you came in that you were a white feather, and you were floating and you just didn't know where to float down to. And eventually you floated into a little corner seat right at the end of the row I was on, and I felt and sensed and saw around you an tremendous change, the warmth was still there but there was a sense of privacy and a sense of... you didn't want it to be harmed and I felt that strongly, and I felt for you, I reached out to you in spirit and physically I said something, but I knew it wasn't the time to get any closer.*

I was not offended by her observations in either case. It seems to me now to be an indication of the way that storytellers form "bridges" between this story and the next. These interfaces between narrative telling sum up for me the experience of richness and mental and emotional continuity. They bespeak what Geertz (1973) calls "thick" description. The thickness is not only in its many-layered quality, but in its dialogic construction.

Debbie's story

Debbie's story takes the dissection of the second interview a stage further and sets out her responses, and my subsequent responses, to each part of the portrait that I drew.

Context

Debbie is a Person Centred counsellor. She works in several different clinical contexts in the north of England. Her little girl died in hospital a few hours after she was born. She later discovered that some of the baby's organs had been retained without her permission. She has published a book called "A candle for Lisa" (Ruskin, 2002). She has a large young family.

My written response

Arrangement of the text about Debbie's story:

I have boxed extracts from the response I actually wrote.
I have marked areas that she wanted altered *in italics within the box*.
I have followed this with Debbie's comment *in italics*.
My own commentary follows Debbie's comment in plain print (lightened).

Initial thoughts from Debbie having seen my written response:

Debbie: I was initially excited and interested to see how my story impacted on you. I am also aware that some time has passed since March (the initial interview date) and I am now in a different place. But much of what I said then still holds true. There are parallels with my book now being out and the impact of my story on others. I felt understood.

My writing to Debbie

Lisa never had a chance to live. She never had a chance to fight for her life. She had very little time to live in her own little body. You were promised she would die with dignity but it turned out to be anything but that. You could not

get people to hear what you were thinking and feeling. You rushed yourself through your grieving to begin with so that your other baby would not suffer too much. But after, when you were ready to grieve, you could not even get your counsellor at the time to hear. Rational or not, you felt guilty for allowing Lisa's life support machine to be turned off. You needed time to explore the "what ifs" and for you to enter again the possibilities that a few more moments or a few more real decisions would have given you and your little girl.

Debbie: You wrote with short punchy sentences. It feels like you were initially bombarded by the awful sequence of events that I recounted, as if I had "hit" you with them.

Debbie's comments were accurate; the reciprocity in this encounter is noteworthy and made me feel quite naked.

In your book you talk about being "squashed", and indeed that is how it was so often. You were disregarded when you wanted to say no to the request to turn off the machine. You were persuaded otherwise when you wanted to attend the funeral. You were deflected when you wanted to grieve. Yet there is also something about you and your husband that refuses to be squashed. You went on to have altogether five children against overwhelming genetic odds. You defied advice and even wisdom. You insisted on doing your grieving your way in the end and found ways of expressing your anger. In your book "A Candle for Lisa" you movingly say that originally your new counsellor Jackie expressed your anger for you. She mouthed the word "bastards", an appropriate reaction to the pressure that was placed on you to end Lisa's short life. Yet, when you had done the grief-work, the anger and

the resolution were all yours. When I met you, and when I listened to your tape I was impressed again and again by your sheer will to grieve and to do it in your own way. This you have done, and this I suspect you will continue to do, as and when new understandings need to be processed.

Debbie: You heard my sense of being "squashed" and offer your impression that "there is also something about you and your husband that refuses to be squashed". "That's it!" I felt very heartened and heard by this wording of a feeling I hadn't yet "labelled". I feel I do have an inner spark that won't be squashed - it flattened but then re-emerged. I went on against overwhelming genetic odds, advice and wisdom, and did things my own way - you reflected a sense of "self power" and wisdom of listening to within.

I experienced great difficulty in enduring the pain of writing, as "near to the bone" as I was capable of. It seemed worth it. I was aware of some very powerful communication between myself as the observer and recorder, and what I knew of the original experience.

Throughout all this I detect an enormous tenderness for those around you. I remember your solicitude for your husband when he had to go home alone from the hospital and your gratitude towards your mother as she lovingly took Lisa to the morgue. You were concerned for your mother after you came home, feeling that she would have to grieve both for you and for her grandchild. All this speaks volumes of your sense of centredness amongst your loved ones. Loved ones were a source of great strength to you. Your friends were with you at the time of Lisa's funeral, your brother Dan was a mighty help, lending you the metaphor of "the scar". Then of course there was Jackie who was not afraid of your grief. You were not alone, but I

suspect nonetheless that you often felt desperately isolated during this terrible time.

Debbie: You reflected tenderness for, and importance of loved ones. This was spot on. And that I was not alone and yet often desperately alone.

Synchronicity is evident here, but so was the result of my being willing to speak in her language, rather than add some of my own interpretation. Her Person Centred orientation, in which reflecting rather than leading is an expectation, that may have affected my ability to listen.

I can almost hear you say that it wasn't *all* terrible. There were times when joy invaded your life as your other children were successively born and survived. You hint at some of the repercussions of the death of Lisa on your husband's career, yet several moves and changes in jobs seem to have brought a degree of equanimity and excitement. An appetite for life is evident. Your grief has been worked out in a landscape of beauty as well as terrifying loneliness and at times seemingly inextinguishable guilt.

Debbie: I do imply that it wasn't terrible all the time. I could/can also recognise and appreciate the joy when it came, and hold a balance of both the awful and the good. I recognised/felt the conflict of the evil inflicted and the positive/growth arising from my counselling and the counsellor... Equanimity? Meaning balance/composure/peace? The last sentence was lovely and so true.

This comment has an antiphonal quality to it, checking out meanings, and mirroring back where no checking was needed.

There have been other comforts. As well as being a symbolic action, your writing, has been a source of expression and strength for you. You wrote two letters to the pathologist and to the doctor in a valid and successful attempt to expunge some of your anger and rage on Lisa's behalf. These letters were symbolically burnt. You used symbols to create a shrine for Lisa. The grave has been important to you, as has the yearly lighting of a candle for Lisa, on her birthday. All of these symbols have expressed outwardly what has gone on inside you with such ferocity and such tenderness. There seems to be mercy in these outward signs, providing a space to do what you had such a short time to do during Lisa's life on this earth.

You rejected the symbolism of the courts, however. You were powerful in your own terms when you rejected litigation. You felt that as the case dragged through the courts you would have the "power taken out" of you. You say that by fully acknowledging that "gross injustice in personal terms" you were able to come to terms with the initial impact of evil. And you see that evil as side by side with the positive and the growth that came out of it.

Debbie: Symbolic actions - writing and burning letters, the shrine to Lisa, the grave, lighting candles - were all a source of expression and strength. I did feel powerful in my own terms when I rejected litigation and wrote my book to get acknowledgement in my own terms, without having power taken out of me.

Here is more acknowledgement of the power of her experience. Further co-construction would have been redundant at this point.

(Note that the words below that Debbie wanted to make comment on are reproduced in italics.)

You see clearly both "the huge evil that was inflicted on me...sort of lying side-by-side...with the positive that came from my own counselling, and the counsellor who saw me." *The depth of pain is something that you seem to see as complementary to what you call the "actualising tendency".* Your gradual understanding of the experience of Lisa's death and the terrible news about what they had done with her liver made theory real. You knew inside yourself and were able to feel what you had heard about and read about previously in books and at college. In your own counselling you felt "held" by your counsellor and indeed you were sometimes physically held. Your counsellor was evidently very sensitive to you and *demonstrated* your power over your own life all the way. *You were not used to this and almost felt you could not cope when she asked if you wanted her to hold you. It was almost too much that someone was able to stay with your grief and to recognise it fully without the protection of rationalisation.* She did not try to hurry you through your grief. She knew with you that it had to find its own way.

Debbie: *I am not sure about what you said, "The depth of pain... made theory real". I do see clearly both "the huge evil that was inflicted on me..." lying side-by-side... with the positive" - that came from my own counselling and the counsellor who saw me".*

This felt as if I were listening to a dialogue within her. Debbie's own reflexivity is at work, with myself, as researcher allowed to listen-in.

Debbie: *It was feeling the actualising tendency within, this feeling of growth and potential, even in the depths of pain, darkness and despair that was so powerful. This is what made theory real - the feeling of growth and potential, the "life spark" within.*

Now Debbie is addressing me, the researcher, refining the meaning of her story so that I can understand her clarified meaning.

Debbie: I am also not sure about the bit on my counsellor holding me and staying with my grief. she was very sensitive to me and reflected (not demonstrated) my own power. This bit is not right: "You were not used to this and almost felt you could not cope..." I had the beginnings of a sensing of my own self-power and my counsellor reflected this. Mostly I welcomed her holding me physically - holding me emotionally, (It was) safe. (There was) space to be. It was only once when it felt too much. When I was struggling to express my turmoil and anguish after hearing about the organ retention. And being held then jarred, as I had not been able to offer this same protection and comfort to my little girl, Lisa. It was not too much for me that she stayed with and fully recognised my grief - it helped me to stay with it, experience it, express it, let it find its own way and find some meaning from it.

For the first time, Debbie tells me that I have got something wrong. Radical co-construction is occurring. She is able to reflect on the nuances of what I have written to see if it reflects what she wanted to say ("reflected", not "demonstrated"). She corrects a kind of "globalisation" of one incident regarding the counsellor holding her, giving me more information that it was a one-off and particularised reaction - truly idiographic)

*You say tellingly, it was the power of this connection with your counsellor that you were able to bring to your own clients. You understood perhaps for the first time the value of what you call the "fertile void". You say this void afforded "the opportunity to reconnect with my own pain, my own vulnerability...it was OK to feel pain and it was OK to be stuck until I or my clients are ready to move or to grow. You now see being "stuck" as a place of potential. You discovered on your own counselling that it was *in you* to "find the strength to accept my pain and to accept being stuck... till I was ready to move and not try." You could know the same was true for your own clients.*

This was not theory but a felt knowing. You say that at a heart level you could “truly be that with my clients.” Your former college tutor and your supervisor put it well when he said that you had returned to counselling with “what you had to offer enhanced”. Your attitudes had been sharpened and your humanity deepened.

*Debbie: About connection with my counsellor -that was spot on!
Maybe add: "You say tellingly, it was the power of this connection with your counsellor - and (add) ' the connection with your own healing'...that you were able to bring to your own clients." The fertile void bit, the place of potential and returning to counselling enhanced was captured well.*

Further co-construction is evident, not in terms now of contradiction, but of searching for layered meaning, by making additions.

You told me about one of the ways in which you kept your private grief to yourself when you returned to counselling. You left it in the car, parked, and ready for you when you returned. This was not the same as dissociation in your experience: “I’m doing it, staying with it as it happened not denying this experience with myself. It was really, really painful. But I knew that pushing it away it would only come back and slap me in the face later on...I wasn’t going to dissociate myself from it...” So you left it in the car. You liken this activity to the way you separate one client’s material from that of the next person to come to see you at work. You differentiate this activity with taking your vulnerability into the room which you say is a profound part of the way in which you work: *“Just a pain and uncertainty and vulnerability. I take that into*

counselling room with me, in some way enhancing me connecting with the client"

Debbie: About leaving my pain in the car -: I'm not sure I take pain into the counselling room with me, as I try to leave that in the car. I just take my vulnerability and sensitivity, though I hold pain and uncertainty in the counselling room if it appears. I do feel this enhances connection with the client.

Here Debbie changes what *she* originally said, according to my record very slightly, giving her original utterance more clarity and accuracy and contemporaneity.

The journey back from your own deep experience of counselling to counselling others was an important if sensitive one. You tell of "wobbliness" when you returned to counselling with a lightness of touch. In your first session you forgot to switch off your mobile phone. You were aware then and afterwards of the narrow gap between yourself and your clients. You actually said to one of your clients "Not long ago I was sitting in your place." You are willing to disclose that you know what it is like to feel bereaved. *Disclosure is not a problem to you.* You felt that you wanted to relate to me as a researcher in the first place because I disclosed something of myself in the article, which drew you to this research.

Debbie: "On returning to counselling and disclosure" - is captured well. Please add the word "appropriate" - "Appropriate disclosure is not a problem to you".

Yet disclosure is never without vulnerability. When you came to write your book you did wonder how much of yourself and your family you wanted to be public. In the end telling Lisa's and your own truth seemed to be more important than anything else, and telling it like it is won. I noticed how I got confused about whether you felt "made" to use a pseudonym before you eventually decided not to. My mistake was almost as if I had got used to your being pushed into what you didn't want to do. But you actually made a decision that in some sense reversed any former passivity, claiming the story as the whole person that you are. You felt shy about "the world knowing the real me" but in the end you decided that this was your story and that you would live with it. It was Lisa's story but "it was also me, not being any more of this victim, that had this done to her, and she laid down for a bit and crawled out and tried to...salvage something from *my life*."

Debbie: "Disclosure is never without vulnerability" - Telling Lisa's and my truth "like it is" was more important than my initial unease that I am revealing so much of myself - true - absolutely! It was my decision not to hide behind a pseudonym - it was done in strength, and it does reverse "former passivity" and is "claiming the story as the whole person" that I am. I was initially shy about "the world knowing the real me". It was about me "not being any more of this victim" and trying to "salvage something" from my pain (not "of my life").

Her enthusiastic validation of these words appears to be having a validating effect on the original utterance. My recording of her words, and reflections on them as here once more acting as a "witness ceremony" (Russell and Carey, 2003; White, 1995).

You were at first taken aback when I said that I sensed your authority had been deepened by your experience. You said that was "a lovely thing to say". You said that formulating this in terms of authority was useful and that the interview had borne fruit in that something extra had come out of it. You later said that you preferred the idea of realness to that of authority, however. You agreed when I said that this act of openness considerably increased the opportunity for congruence and genuineness. You talk of "*acknowledging it...it's being known*". You said that what had changed had to do with humility: "*It's to do with the fragility of wellbeing*" and being "*in awe of the human ability to survive such trauma.*" You feel that there is something propelling the human towards survival a bit like a bird in flight.

Debbie: You captured it well the bit about "authority" and my preferring the idea of "realness", "humility," "fragility of wellbeing" and being "in awe of the human ability to survive such trauma". However, I am surprised about "You feel that there is something propelling the human towards survival a bit like a bird in flight". - Did I say that? A strange analogy I used! Maybe I was trying to capture the sense of movement - the flight doesn't plummet, but like a projectile it keeps moving forward continuously. I do feel there is something propelling us towards survival, both physically and emotionally.

Here there seems to be some middle ground in which we can both wonder about what she originally said. We appear to leave the decision in "mid air" too.

You saw participating in this research as important. You were aware that I had a real interest in your, and in Lisa's story. The story felt to you like a pebble "that is seemingly insignificant, but yet is part of a bigger whole and infinitely valuable." Thus we all reshape the landscape. You say..."I do feel like out of the sadness, the trauma, the horrendous thing, I have been

enriched as a person and as counsellor, and that's like a treasure that I salvaged from the wreck if you like that I was." You say "I feel very connected to people in my humanness." *Little though the pebble may be, you feel that without your contribution there would be a "gap or a void".*

Debbie: *About the pebble is good - though please add to last sentence: "Your contribution results in the changing the landscape along with all the other little pebbles: It makes a difference."*

I experienced pleasure in being able to add to the final story, the sentence that was somehow her "signature".

As I have worked through your experience in listening, reading and in writing I am aware of an ambiguity. I both wanted to engage myself and at the same time felt as if I must protect myself from the horror of the story. In the end getting close to the story and to the loss won out and I am the richer for it. I imagine that this may parallel what happened for you in the early days when you wanted to get on with your life and look after Claire. Yet it seems that the same irresistible force of Lisa's life and above all her dignity that you experienced made its claim and prevailed also in me. For me the prime force, however, was actually your demand to grieve properly, to give due significance to your grief that exercised and educated me most. In terms of my own process it stirred uncomfortable and sometimes threatening remembrances and intimations of the grief that I have put away without fully experiencing them, like those of early abuse.

Thank you for engaging with me at such a deep level. I hope that this piece of writing will serve as a useful touchstone for our discussions when we meet again. What I will try to find out is whether what I have written truly reflects what you said to me last year. Where it does not I would like to be educated, please.

Debbie: I was warmed by the sensitive way you wrote about me-my story, and its impact on you.

Overall I feel you heard me very well and I didn't sense your initial struggle to engage with my pain. I was touched by your honesty about initially wanting to both engage yourself and protect yourself from "the horror of the story". You are right that in the early days I also didn't want to engage in the horror of what happened to me and, as I said in my book, tried to put it all "under the carpet". I am continuously aware of how my harrowing story might impact on others. I am heartened that this "irresistible force" made its claim and prevailed in you and that you are "the richer for it". You allowed yourself to engage with my pain and my demand to grieve properly and find meaning in it, despite painful resonance with the grief of early abuse that you have pushed away. I really appreciate your realness in sharing something so deep of yourself with me. It is this realness (which I give or am given) that is for me so connecting, precious and enriching.

I found this account the most difficult to write, and possibly the most rewarding. My immersion (Moustakas, 1990: 28) was so deep, that I had to leave the PC I was working on many times during the writing. This engagement appears to have resulted in a deep and, to me, very worthwhile, sense of the story and its many meanings, which is at the heart of the heuristic intention. The kind of desperation that I experienced reminded me of Moustakas's story of pacing his way through the night, escorted home by the flashing lights of a patrol car (1990: 45). There seems to be no cheap way of reaching this kind of experience, and neither should there be. The experience I was describing cost Debbie, Lisa, and her family very dear.

Tina's story

This final story is an illustration of the way in which involvement with the process of co-construction interplayed with my own psychic material, and how co-construction is not the same as synthesis.

Context

Tina is a psychodynamic counsellor. She was beginning her training, but had already been in therapy for several years when her sister was murdered.

My first written responses

This interview was complex. I visited once, found my tape was inaudible, so sent her a tape to make on her own. Then I wrote a "fictional" piece of creative writing as if I were Tina's sister. After that I wrote a more considered piece in a similar vein to those above.

Here I write as if I am Tina's murdered sister:

My sister loves me even though I am dead. She will love me forever and that will keep me safe because everything about my sister is huge and I am very tiny, even in death. I always knew I would be murdered, but I knew too that my sister would go on living for me. She is enormous in her grief. She lets everyone know about me. So don't worry about me, I shall never die. In fact, there is something of me in every room of her house. She told, (the researcher) about that. He liked my curtains and said that I was very pretty. Actually, I *am* very pretty, but he doesn't know that, but I think my sister does.

Confidentially, I think my sister hates my husband more than I do. If I had been resuscitated, I would have forgiven him again. He could be so sweet, and could say things to you that nobody else could say. I felt very guilty when I had the affair. My sister was great about it. You know, understanding but not bossy. She would have liked me to leave him then and there, but I was thinking of the children. It's a big thing to leave your husband. She could do it because she is strong. She'd had enough although in many ways he was a lovely man. Well you see, my sister is huge, and I am not. I left all that sort of thing to her.

You should have seen her in her personal development group. She went straight back to college the week after my death. She rang them and they said, OK ,come in. Mind you they hadn't really believed her when she told them about the first attempt. Some of them thought she was a bit potty, and some of them sort of thought she was right but hoped it would never come to it. Anyway, she took them on. She told them just how she felt, and

they were soiling their pants trying to cope. That woman Rita thought she knew how to deal with her. She got bright and breezy and sort of tried to blow away her grief and anger with her own brightness, which was sort of made of aluminium, as far as I can tell. Well, they did their best, but when she got towards the end of the course, a lot of them turned on her and said she took up all their space. Of course, I know, it was really me taking up their thinking selves. They would have liked a nice bit of mild depression, or the odd infidelity to handle. But I gave it to them... I mean she gave it to them... all the cold edge of murderous rage. She found it inside herself. That man who visited Tina thought it had always been there and she agreed. I prefer not to think about it, but I was getting there I think before my life got interrupted.

Dear old Tina. She was worried about the kids. I loved her for that but I just couldn't.... Anyway, I have been told they have their own souls and can make a life. I will look over them in a kind of way that gives them a bit of hope when they fall into the kind of hate that Tina feels. They were bound to him too. He's all right. He's done the deed now. He has defined himself. He can live forever in the wake of what he did to us. He is good at being sorry. But he did put up a fight when they tried to arrest him. Kicked a hole through the police-car on the motorway. He is strong.

My voice was on all the ansaphones at work long after I had gone. I'm still on a kind of ansaphone in Tina's head and heart. And now I'm in that man's head too. My story goes on. The man knows Tina will never be the same. She told him so in fact, though I think he knew already. She told him that she longs for death as much as she longs for life. They seemed to have a kind of bond there. For a moment I felt quite jealous and then they

reminded me that I don't need to feel that here. He wanted to know how my murder affected Tina's work. Well what did he expect? Of course, she just got on with it. She actually used the clients to get away from me for a minute, and I can't say I blame her. Sometimes I get sick of thinking about myself. Anyway, she was completely wrung out with grief and rage bigger than a mountain. So when she saw a client she left all that behind for a while. She touches them more often now, and shares her realness with them a bit more, though I don't think she tells them much in the way of facts. I don't always listen because I have to get on.

Her therapist seems like a rock in a storm. I wish I had had someone around like that. Tina was more like the storm, though I liked her that way. She's getting a bit more like her therapist now, I think. She may go away from me a bit, but I suppose we both have things to get on with.

...I've found out his name. It is Peter. He thinks he knows a lot about rage apparently, but he's got a thing or two to learn yet. He's all right. Tina liked him, but she is making him think that he and his kind swim in shallow waters whereas my sister dives in the deep ocean seventy fathoms deep. The deeper Tina can dive for herself, the deeper she can dive for the people around her. I'm not like my sister but I'm very proud of her. Must go now. Things to do.

This is what I wrote in my diary immediately after this piece of "fiction", now as Peter, the researcher

I reflect that the traditional boundaries of professionalism helped Tina greatly in surviving her experience while being able to work alongside her clients. This event is deeper than a wound¹⁷. This is her life and always will be. This has re-formed her. Life has moulded her and her relationships with her clients. She is making each day anew her narrative, and for a while I became part of the stream of her narrative, and she of mine.

Comment -Reflection:

The foregoing piece was written in the heat of the moment, when I woke early one morning, trying to make sense of the harrowing experience I had listened to. The complications over the recording, the fact that I left my expensive hat behind in a restaurant in Tina's hometown, as well as the nature of the story left me in a state of confusion. This was not the same kind of pain as I experienced when writing about Debbie's story (told above), but a kind of deep ache, such as I have experienced physically during acupuncture.

Upon further reflection, I think there was some vicariousness in my involvement. What I realised was how deeply I admired, perhaps even envied Tina's capacity to hate. This was disturbing to me even as a researcher. As I untangled this material as mine, I was more able to see with some clarity what was Tina's story, and what was mine.

I went on to write the more considered piece below. Perhaps unsurprisingly Tina was much more engaged, and moved by the first piece.

¹⁷ This refers to Jung's notion of the wounded healer: see Chapter Two, p. 34.

A more formal response written eighteen months later:

You adored your sister. She was precious to you when you were a child, partly because she made you feel grown up when you looked after her. You knew you were not grown up and in some way even now you don't feel grown up except for the big thing. Since the murder something in you has changed forever. Now there is no AD or BC, now it is all about whether your sister is alive or dead. Listening to you, she is very much alive, although intellectually and in many other ways you know that she has left you. But the murder changed you in that it made you know the part inside you that you could not have otherwise more than dimly perceived. You have been able to feel pure hate for your brother-in-law, an unaccustomed part of your repertoire. You have come to know intimately another part of yourself that even your ex-husband was unable to fully unearth. So now, when you are with your clients there is nothing in between you. You can see rainbows in the dark and a breath of wind in a candle. Light and dark are the same, and the love that you felt for your sister, the affection that you hold for your wayward father, is all one with the revengeful force that you hold for the one who murdered your sister. Clients are different only in the sense that children are different. You touch a little more; you share a little more that agony of loss. Yet, I sense that you would not be without it. Somehow the grief is part of your life, and part of the joy that you ponder on your early morning walks that you have with your dog and the summer sunrises. You also had enough to share with me. You were able to "give some away" to me and I rejoiced in the sharing.

The experience also separated you from some people. Your growth group didn't know what to do with you and struggled to contain their disbelief, sometimes leaking into control or into hostility. In some way, this was all irrelevant to you, since you had no wish to join them in their internal dilemma. The only thing that mattered is that your sister was murdered. That was huge and all the rest could take care of itself, and eventually did just that. Your foreboding had the quality of a missile that could not be stopped, of a trajectory, that had a known catastrophic end, but whose destiny was already set in the universe. Your powerlessness may have reflected your sister's sense of inevitability following the first attempt on her life. Like a Greek tragedy, it had to be played out, and like a Greek tragedy so did your grief. Your wise woman¹⁸ allowed you to wrap yourself around her chair, just as your mangled spirit needed a scaffolding while it learned how to survive. Sometimes you had a holiday in madness. You were able to hide awhile, and be alone without pain, and with little inclination to return to a world that was tortured and unkempt. But you did return. You knew that it was not a place to stay in. Wave after wave of rage and loss and hatred and tender love washed up on you but you never quite drowned.

You continued to write. As time passed, your murderous rage found beautiful avenues of metaphor and form. You are aware that your own research is a conduit for this experience, but just as you defend your sister's integrity so also you defend the validity of what you write. You have been

¹⁸ Tina's therapist.

dealt a body blow, you have camped on the edge of madness, you have known the depths of hatred, but you are still essentially you.

When you went into counselling sessions with your clients soon after the murder it was a time in which you were able to enjoy normality. You knew you could still do the business. You just assumed that your supervisors would tell you if you should stop counselling, but I think it never really occurred to you that they would. Of course, you would be all right. You had a sense that here you knew your ground. This was the place where you would choose not to be mad. Perhaps this was the place where it all made sense. It seems that it is in this sort of mental space that you are able to have some compassion for the murderer when you envisage him as a small boy. This is the place where you can leave, for a while, your passionate connection with your own loss, and the obscene loss of your sister's life and gain a wider perspective. This perspective is not more real. It is just different.

Learning several kinds of realities, being able to be present with them, not judging them and knowing what fits what seems to have taken away the "timidity" that I alluded to in the conversation we had. Your place in your family was assured, yet somehow it seems that you felt you had to cling on to the edge a bit. There were some difficulties and shadows. You felt protective towards your father when your brother-in-law wanted to impugn him in various unpleasant ways. You became aware of a previous possible murder in the family and were constantly reminded of his insistence that there was something deeply disordered in the family make up. Yet you seem clear that this was his pathology and not yours. You are able to look at your family's weaknesses without confusing it with his own deeply troubled and

compromised background. At times you were somewhat fascinated, it seems, by his jibes. At times, perhaps you listened too long to his accusations, and his seductive qualities appear to have left an uneasy mark. Perhaps this helps you to have some understanding of why your sister was attracted to him in the first place, and why she did not take her fate into her own hands when things became very dangerous. Perhaps an experience of ambivalence has helped you to understand your clients' own ambivalence with more compassion?

Comment-Tina's reaction to these written responses

Like other co-researchers, Tina wanted to correct some factual inaccuracies. She added to the story, elaborating on some issues that the re-storying raised for her - about her sense of separation and isolation, and her use of supervision and therapy during the worst of the crisis. Inevitably, there was more pain when she retold the impact of the murder on her sense of self:

I leant on a wall in the other room and I just howled, and howled, and howled, and sank down to the floor. And I knew, I knew in that moment that my life would never be the same again, that from this moment on, this was so huge and so shocking that I couldn't have the life I had. (cries)

She went on to tell me how she had responded to my writing. This extract from the interview follows from my saying how important reading her poem felt to me. She goes on to talk then about my piece of creative writing:

Tina *I think the sharing of it...the seeing it... touched you because that's what...um... that's important because one of the difficulties... (I'm going to cry). Um... through such a trauma... is that so many people. Even if they stand and listen to the story and try to comfort you...I actually know that they all know and emotionally ...There are so few people...who can actually (stay with it). You do it differently and.... Have given something back.*

If I start to think about it, and if you can bear to do that.... Um, that helps... because it means in a very, very tiny way... I don't bear it alone, and you've taken that risk to step into it... and... and I know that.... So few people can do that, but every time somebody does.... try and step into my shoes...That is very special.

Peter *I felt very nervous about writing this because I know you're a writer.*

Tina *I know...but let me tell you that...that the one that actually... speaks/reads... is actually your first attempt. Um... because I can't say that you actually got anything wrong, it made me cry when I read it*

Peter *I kind of was a bit fanciful wasn't I, about what your sister might be thinking and.... That's why it felt a bit risky...*

Tina *Yeah... I think you were fanciful but I think you were fanciful ... with intuition....*

Um...and it felt as if she could have written it...

Peter *Did it?*

Tina *Which is why it made me cry.*

Peter *Oh, that's wonderful...*

Tina *Yes, it really felt as if she could have written it. And...so that's why it touched me*

I was very pleased that she felt that her sister "could have written" (the creative piece). Indeed, it would have been tempting to leave the writing as purely the creative pieces. I think, however, it was the process of writing the second piece that helped me to disentangle my own experience from hers. The identity that I felt when I wrote the first, creative piece was resolved in empathy. Co-construction was then again possible. I was able to see Tina, and to share a little of the phenomena of grief, loss and rage, but retain the sense that this was *her* story.

Conclusion

These portraits are about the subject (or the co-researcher), but they are also about the relationship between the subject and the painter of the portraits. Although I was committed to privileging the co-researchers in Part Two, the voice of myself as researcher is also heard. That it how it would be in a reflexive endeavour to reach a proper state of intersubjectivity. The stories presented in this particular chapter are included to illustrate this process of co-construction. As I have demonstrated, they are in no way constructed as a representative sample of the phenomenon as in Moustakas (1990).

The narrative weaves a way between the primary storyteller and my researcher contribution moving towards re-storying. The selection of

"portraits" within this chapter signifies the story as a living entity, based in dynamic relationship. The phenomena of changes to the practice of the storyteller as therapist, are nursed, and embraced within the wider narrative, where they have their origin, and their home.

Part Three

Part Three is about making many meanings out of the stories collected in Part Two. This is done in accordance with the understandings carefully wrought in the methodology and ethics sections of Part One.

The first chapter in Part Three attempts to answer the research question *"What difference has your life-experience made to your work with clients?"* This chapter looks again at the stories in Part Two and attempts to clarify the many layered accounts. This and the ensuing chapter on "Discussion" involve a change of authorial voice. This change is intended, to make the outcomes of this study more available to a wider academic audience than perhaps was envisaged by Moustakas. Part Three seeks to present the stories and my reaction to them as transparently as possible so that the academic and clinician can make of that interaction what they may. Thus its goal is to generate new stories.

PART THREE: A NEW STORY

Introduction to Part Three

This final part of the study draws together the stories set out in Part One. It sets out some "Conceptual Discoveries - and Re-storying" in Chapter Seven. This re-storying occurs as a response by the co-researchers to the question *"What difference has your life-experience made to your work with clients?"* The voice used here is mainly the authorial voice. Even the authorial voice inevitably changes as I struggle to communicate what I have discovered with a wider group of (unseen) people. Inevitably the tone becomes more general, and less reflexive. The new "story" is now mine, until it in turn becomes part of a dialogue with the reader, and thence part of yet another story.

Chapter Eight is designed to make both the "findings" of the heuristic inquiry and the revised methodology accessible to and therefore discussible by scholars and others who do not necessarily use or agree with the heuristic framework. It picks up some issues that may be of importance to people who call themselves therapists, particularly the present concern the profession has with Continuing Professional Development (CPD). This chapter posits that if the main tool the therapist uses is herself, then the "examined life" must be the chief means of maintaining her skill. Again the voice used here is inevitably a more public one, which invites debate rather than intimacy. This diminution of intensity appears to be the cost involved in what I see as the benefit of moving heurism outwards. It seems worth it to me. A pebble in a pool ripples outward. When the ripples reach the shore they do not resemble

the original moment of passion that cast the stone. Nevertheless integrity is maintained in space and time.

The voice reverts in Chapter Nine to an interpersonal voice that tends towards a deeper intersubjective experience, as in the beginning. This study had its genesis in my story, and it ends with a Creative Synthesis. Here I examine what effect this process of research has had on my own subjectivity. It is a coda to the stories of the sixteen co-researchers' stories, which form the core of this study. It serves as an affirmation of the power of dialogue, and of the significance of the individual story on the lives of others.

Chapter Seven: Conceptual Discoveries, and Re-storying

(What the co-researchers said about surviving their life experience: if and how it changed their practice)

I realise that I do not want to spend time with people who think they have arrived, since that is very much not my view of what a therapist is.

Extract from my research journal 18.12.03

Factors involved in the act of analysing the stories

This chapter is the story of how I re-storied the narratives offered to me by my co-researchers. Although the word “analysis” is used below, this process takes the form of creating a new story out of the sixteen stories I heard and responded to. Some of the influences that bear on the making of the new story are conceptual in nature, and some emerge inevitably from the relational nature of the story collection. I begin the new story with some technical considerations, which reflect the values that I hold to in re-telling what I have heard.

The outcome of my heuristic research represented the thoughts and responses of sixteen people as well as my own. I had a sense of reluctance to look for themes within each of their stories and to search for commonalities. The context of each narration seemed to matter so much.

The integrity of the story often *depended* on the situation in which they were embedded. I have followed Etherington (2000) who gives precedence to her co-researcher's stories in her study of survival amongst sexually abused men. It seemed important that my analysis should inhabit the same genre.

I have already departed from the protocol suggested by Moustakas (1990: 51-53) who suggests that only a few of the depictions are included in the final study (1990: 50). I included them *all* in Part Two, although I have reduced their length. Yet if I were to seek for subjective meaning in the particular (what Moustakas calls "explication" 1990: 30), some form of analysis was necessary. I decided I could do the de-constructive exercise of looking for themes provided I had also honoured the whole story in some significant place within the study.

The process and intention of reviewing the taped interviews

Holism

When I analysed the material I had gathered in the form of typed scripts, I read these in the same reflexive way as I did when I wrote the depictions and the exemplary portraits. I "picked up on" those elements of their dialogue that appeared to respond to the research question in the context of their own originality and story-form. I did not "go for the facts" or for the bald statement about clinical outcome. Instead I developed a sense of the themes that were important to the co-researchers by reading their whole scripts. Debbie, for instance, told her story in terms of survival from a personal holocaust. I therefore privileged the information and accompanying emotion. Thus I attempted to hold on to the individuality of the contribution to the very last

Privileging "otherness" rather than "sameness"

My own particular version of heuristic inquiry celebrates the "otherness" of the co-researcher's story in slight contrast to Moustakas, who appears to gain different results by absorbing the effect of story on himself as a researcher, earlier on in the process (Moustakas, 1990: 28). My preference to *retain elements of difference* is part of the continued quest for intersubjectivity. This is not the same as consensus. Whereas Moustakas understands intersubjectivity as an abstract state¹⁹ my understanding is of a process-based, dialogic moment. Rennie (2001b:93ff) calls this "metacommunication" in a therapeutic context, which results in "symmetry". My own, and the co-researcher's efforts to reach each other bear the same characteristics.

I have attempted in this analysis to hold the story-like quality of the co-researchers' experiences in the whole, which I now present below. I have attempted to weave the individual responses together as a composite story, which both celebrates their individual contributions, but at the same time makes a new story.

The impact of the individual stories: a question of differentiation?

My sense of the importance of the impact of a narrative relates to my continued respect for intersubjectivity. This argument echoes Glynn (2004) who characterises the problem of intersubjectivity as not so much in the difference between individuals, but rather in the lack of differentiation. He

¹⁹ See Moustakas's (1994: 36ff) approving example of Husserl's notion of "pairing".

approvingly quotes Husserl (1970:253) "...self-consciousness and consciousness of others are inseparable". While I also see intersubjectivity as the basis for some level of generalisability and thus for relationship, my contention is that the keen edge of difference is the point at which intersubjectivity is realised, and which is its capacity to bring about change and growth. I have therefore reported diversity in relation to the themes set out below.

Issues about the analysis

Coding scheme

I chose a rather complex but hopefully anti-reductionalist way of coding thus:

- I went through every script and colour coded significant phrases in the manner of Clark (1988). I used my own sense of relationship with the co-researcher to decide what was significant, in the manner indicated in the section above, rather than using a framework designed by someone else. This approach was nearer to response to intersubjectivity than would be the case with an imposed structure such as those suggested by Mishler. (1986: 80-81) arising from Labov (1972). My analysis makes no such attempt to codify the "career " of the story.
- I used four colours.
- Blue: responses, which related directly to the research question. (I have included only the blue "outcome" selections in this chapter).
- Red: narrative relating to the story line.
- Orange: dialogue relating to the procedures of the interview.

- Green: areas of the transcript, which the co-researcher had asked not to be included in any writing, or where they had issued a warning relating to confidentiality.
- Each colour coded section was then notated with a summary sentence.

An important shift in the "ownership" of the stories

It was at this point, that the story became "mine" and I allowed myself to incorporate the otherness of the story into my own subjectivity. The very act of analysis is the point when the co-researcher's story loses its own integrity, and becomes part of the researcher, and thus part of his or her own story. In that process, my own previous "story" was knocked, battered, and changed as a result of the disturbing material I was reading.

Making this positive decision about ownership was one way of honouring my sources as long as possible. I therefore wanted to acknowledge that a story re-told eventually becomes the story of the new storyteller. As researcher, I became the new storyteller at the point of analysis. I have attempted here, methodologically to mark a point at which "bracketing" as proposed by Husserl (1931) becomes improbable, and as far as I can see is best overtly abandoned in favour of the next stage of heuristic inquiry, owning the story myself.

Ordering the analysis

I honoured the individual story of the co-researcher by expressing repercussions of their experience of it in terms of changes it brought about in

their own subjectivity. It was thus not possible to fully separate the effects on the therapist as a person from the less direct effect on their work with clients. Hollway and Jefferson (2000:31) quote Polanyi's distinction between a story and a report. In a report the narrator takes responsibility for "Making the relevance of the telling clear". I have taken this responsibility but in so doing have preserved as much of the meaning of the story to the storyteller as possible. I have supplied the framework, and made the selections, but I have expressed both mainly in terms of quotations from the story. My responsibility has been to construe what was said in terms as faithful to their story-structure as possible.

Inevitably, the same part of a story is illustrative of several of the categories into which I have worked this section. I have been unashamed of such repetition where it occurs since it is further affirmation of the multi-layered process of meaning-making in action.

I divided the effects of life-events in each case into several, mainly temporal stages:

- immediate effects
- longer-term effects.

In order to capture the flow between the "longer view" and the "shorter view" I have tried to work on a continuum with each section. Thus the analysis moves from the specific strategies and results of dealing with the life event, to the more general and enduring philosophical changes in the person of the therapist, and back to the specific in terms of intervention, technique and stance. I have divided the categories as follows:

Section One The immediate effects of the life event on the therapist:

- Concerns external to counselling
- Changes in a general level of functioning
- Time off
- Preparing clients for changes
- Strategies for returning to or staying at work
- Responses from clients at the time of crisis

Section Two. Survival strategies used by the therapist at the time of the crisis:

- General
- Changes in a general level of functioning
- Religion and spirituality
- Supervision
- Therapy
- Friendship and family

Section Three: Changes in personal philosophy and character of the therapist - changes in meaning for life:

- No change?
- "More expert"
- "Fuelled up politically"*
- A new freedom
- Growth and development
- "Potential for growth"
- "Live connectedness"

Section Four: Changes in theory and in practice:

- Change of counselling model, or changes within the model
- Response to clients
- Heightened ethical awareness
- Confidence
- Gratitude
- Helping to bring out in the client what is already there
- Acceptance and being beside a client's pain
- Challenging
- Listening and its connections with empathy

Compassion
More viable boundaries
Relationship
Increased humility
Genuineness and Congruence
Vulnerability

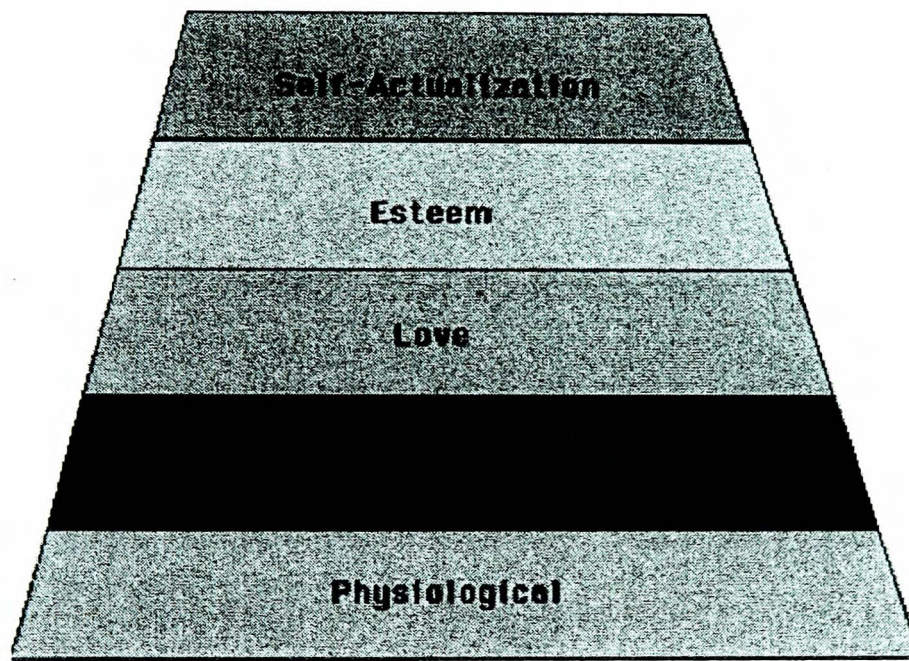
Note: Single-space italics are used without quotation marks where quotations are made verbatim from co-researchers' material. My responses written contemporaneously to the co-researchers' stories are boxed.

Section One: The immediate effects of the life event on the therapist

Concerns external to counselling

Co-researchers, like other people, had the ordinary basic things of life to deal with when their lives were in some way changed by their life-event. Several co-researchers reacted by directing their anxiety to basics as described at the lowest levels of Maslow's (1943) hierarchy of needs.

Figure Two: Maslow's Hierarchy of Needs (simplified)



(<http://web.utk.edu/~gwynne/maslow.HTM> 7.7.05)

This theory suggests that in crisis, persons relate strongly to their basic survival needs, attending to their social or spiritual needs. Clare, for instance, became very concerned about money and about her own health, on the frequent occasions when significant people in her life died either by their own hand or from natural causes:

I felt very insecure about whether my body was going to keep going or not. . And so I think there will be fear at different times...And the business of not having any money is actually quite funny, because I have discovered that there are two times when we have power in this world. And one of them is when you have loads of money, and one of them is when you have no money...because it can't touch you.

Changes in a general level of functioning

For some co-researchers, the immediate effect of the life event was *not* anxiety, especially where the event might be deemed to be pleasant. Tricia describes her need to "protect (her) happiness" as soon as she heard she was pregnant. Immediately cancelled her professional commitment to assist in running a group for those recently traumatised in a national disaster. As an analytic psychotherapist she describes this retreat as "narcissistic withdrawal" (see Sandler et al., 1991). Fiona says:

I think I had less compassion and energy to concern myself about (outside matters) too much. I was busy going inside myself, and I knew I was doing that, and I was comfortable doing that.

Ellen, also became preoccupied when she was in love:

I think for the first time, I really felt...I think I really felt really strongly and passionately for this person. I felt a real passionate connection for him

Yet on the other hand, when the relationship fell apart, she continued to function, and to function well, an asset with which she is not altogether pleased. She had no need for narcissistic withdrawal.

I think it's more dislike...of my own sense of functioning so well. I am quite glad for (her clients). They can get help and they don't have to break their leg to do it. Even when I broke my arm...I was like, carrying on washing with one hand.

Another co-researcher, Rosemary, was much less able to be fully present for her clients, even when she returned to work after a long break following the death of her husband. She says simply and eloquently "A part of me shut down." This was true also of Fiona, one of the two co-researchers whose sons had become addicted to illegal substances. She reports:

When I came back in January I wasn't very, um...emotionally able to be there for my clients.

For other co-researchers, a longer term strategy to deal with their preoccupation was necessary.

Time off

Many co-researchers took time off, aware that they could not continue to function while they were processing their experience. Debbie, who had lost her newborn baby, suffered many subsequent traumas because her baby had her liver removed post-mortem without permission. She took time off straight away, but this time extended beyond what she had originally foreseen. Following more revelations from the press about the hospital where her baby was born she realised that she could not do the job for the clients:

It was Saturday when I got the letter. I went on Monday to see the clients. I was working with a child...He was telling me what he was going to be doing over the summer holidays. It wasn't very deep stuff...Me being present in the body was enough...But I knew that was all I was going to (be able to do)...I couldn't be there for anyone. And I discussed it with my various supervisors and ...had four months off work.

Another co-researcher, Delia, who was very sick indeed, struggled on, after her hospitalisation, but "made no long-term commitment to anyone". In all cases the needs of the client had to be considered in a more active way.

Preparing clients for changes

In all cases, except those involving sudden illness, the therapists in this study made efforts to help their clients adjust to what was happening. Rosemary told her clients that her husband was very seriously ill. Clare, who lost both her husband and her son, prepared her clients for the unexpected:

I did tell (my client) what happened so that she would know if there was anything wrong and I cancelled or whatever.

Juliana, another therapist whose husband died after a long illness, was able to warn her clients about his impending death. This was, perhaps, particularly significant to them because her husband acted as her personal assistant, letting clients into the counselling room. She graphically describes how she received news of his terminal cancer just before a session. She coped by relying on her faith:

I went into the front room before the client came. And I handed Aaron's cancer and the whole trauma, drama, up to the Higher Power

and asked that I should be helped according to my needs and his will, and that my focus would be on the client and not on myself. And when I worked with the client, I could feel in my body, that terrible pain, it was like water going through me, very, very cold icy water, all the time. But my head was totally with the client, but my body was not with the client.

It was the same co-researcher who made a definite plan for her return to work. Since she worked in her home she was aware how poignantly the environment would remind her of the recent past. So she changed her working routine to represent a different kind of day. She took her breaks at different times and disrupted the previous routine, somehow achieving a caesura between now and her life with her husband-cum-"secretary", as she called him.

Strategies for returning to or staying at work

Jane, another counsellor whose son was severely addicted to heroin, never took time off. Her son was involved in petty crime to maintain his habit, which caused many disruptions to her routine. She kept going at first through what she describes as "optimism". She was able, seemingly to "tune out":

Yeah...it didn't.... It didn't make all that much impact...I suppose because the impact of Andrew's life on me was not that traumatic at the time... I think I was thinking that things would work out, so therefore actually to go into the counselling room um.... It wasn't that bad.. it didn't make that much difference at the time, I didn't consciously have to say to myself "OK you're very vulnerable in certain areas at the moment... how are you actually going to deal with this in the room."

Later, she was to realise more fully the impact of Andrew's behaviour, and counselling became a kind of place of safety:

It was counselling as refuge so that nothing of what was out there needed to come in to what was in here... Its within that setting that I can feel my skill if you like... That is not to say that I don't hit problems like we all do... um...yes, I... it would be after the session say, that I would feel OK again.

Meanwhile clients in this study were sometimes responsive at a time of crisis.

Responses from clients at the time of crisis

Delia's clients did not all return after her serious illness. When some did come back, she warned them that she could perhaps only see them intermittently. She describes the process of filtering which appears to have occurred through a transparent communication of the realities of the situation:

Yes lots of them came back actually. Some of them obviously rang up when I was ill and been told I was dying, and they didn't come back and you know... So be it... but some of them kept enquiring. And I had lots of flowers from them and things.

...some of them when they did ring through to find out how I was, and they got me on the end of the phone, and they couldn't believe it for a start.

And ...they said 'Are you seeing people at all?' And I said 'Well... yes I think I will, if you'd like to come back' and told them the situation. I said I might not be able to see you when the time arrives, but.... So they said 'Yes' and a lot of them came back and um the same thing happens now

...Suddenly I can go down, it's not something that creeps up on me. Suddenly I find I feel really ill and that might be at 4 o'clock when I'm due to see somebody at 7.00. I always have their mobiles.

Juliana's bereavement caused some of her client's to want to look after her but (as in Delia's experience), some did not return. Juliana remembers well her first session with a returning client who studiously typed

up the session on her laptop as it was happening. Perhaps this was a way of coping with her feelings. Other clients wanted to look after her more overtly. She says she reminded them that she was already being taken care of, but nevertheless did not rebuff them, feeling that there was value in their being part of the whole process she was going through.

For Ellen, tending her broken heart, it was different. Sometimes she felt she could be with others, then she couldn't, and then she could. This ambivalence towards client work was not there for Rosemary. She says, "I have always been most confident, professionally", so her return to her clients was again a safe place. She remembers well, however, a client with cancer saying "I was just thinking...how bloody unfair that you have to deal with *me* as well as your husband". Rosemary reflected: "I was gobsmacked, I was so amazed at her unselfishness."

When the crisis or change hit hard and was enduring, co-researchers turned to resources to help them to deal with the longer-term effects.

Section Two: Survival strategies used by the therapist at the time of the crisis.

General

Many of the co-researchers drew upon internal qualities. David, for instance, in the middle of his disciplinary procedure, drew around himself a "safety net of determination and trust". His observation in my first interview that "I have

got to survive the unsurvivable" indicates his determination was newly found, at any rate in that intensity.

Similarly, Fiona moved into a "circle of preservation" in order to cope with her son's behaviour as he lived out his drug habit. This circle is less a crude defence, more a response to complexity, she explains:

If you think that a catastrophe is complex and chaotic - you've got a choice you can withdraw, but you can do that positively.

Her circle, she says, not only preserves herself but also preserves her clients' safety. The last news about her much-loved but deeply frustrating son is that his life has taken a turn for the better. Perhaps Fiona's circle of preservation has enabled them both to still be in contact.

One co-researcher, Christina had in fact practised this kind of fortitude all of her life. Her experience of lack of love from her mother, and subsequent ill health, pain and disease, had accumulated a reservoir of absolute determination. This was not to let her health affect her ability to live or to counsel. She describes how, in a session, she would wait for a wave of pain to pass:

What would happen would be that you... you feel perfectly normal then all of a sudden it's like... you suddenly start to be aware... and you're suddenly aware your sort of leaning over, and pressing in and wriggling and trying to listen. Almost hoping that this isn't going into a four-hour do.

There are some parallels in the way in which Christina dealt with her physical pain and Tina dealt with the emotional anguish following the murder of her sister. Her abiding emotional backdrop to that terrible time was isolation:

And yet although it was painful in the sense of feeling alone. It was useful in the sense that I could be this very separate person who could manage to actually put my stuff on one side. Even if at a later point, I had a minor collapse and let it all mingle in together on my own, when I was with clients... I mean I look back and I think it is almost magical.

Rosemary sadly died before this study was written up. I was told the news by her son after I had made efforts to contact her. The last time I interviewed her, she talked about the way in which she survived the grief and confusion following her husband's death. One way was by drinking rather more than she thought was good for her, and another by reckoning that she could endure "half an hour's panic" every morning before she put herself together ready to face the day. I had no sense that either of these strategies was particularly new to her.

Some other resources and strategies took a more organised and collective form.

Religion and spirituality

Several of the co-researchers, perhaps not surprisingly, drew upon their beliefs and faiths in order to cope with the crisis. Debbie, whose tiny baby, Lisa died, felt that she had "no need to hate". She does not identify at this particular point with the word "spiritual" but does see her whole journey as being about "connectedness":

As only a small individual... I play a significant part... I in my own little way I am a big part in the bigger whole. And it was like a connectedness to others... a sense of the preciousness, that I could see... in the sense my experience, my living, my being, and contributing to some bigger whole.

She sees her suffering and the meaning that she has wrung from it like a "pebble" that makes its own contribution to a "landscape" that is greater than she is.

David names spirituality many times as a product of his misery awaiting the results of a disciplinary hearing. I wrote to him after the first conversation, trying to encapsulate the growth and development that had occurred:

You say that you have become a much more spiritual person over the past six months. The spirituality was always there. You have a 'faith in humanity even though life is often unfair.' You deeply understand the unfairness of the lives of those you seek to help and you now know pointedly how hard it is to intervene in the human situation.

As I read this yet again, I am struck by what seems to be the "interwoven" nature of spirituality, self-doubt, confidence and compassion in this man.

Juliana, one of the women, who lost her beloved husband to cancer, is much more overtly spiritual. She advertises her counselling service as "Passing on the spirit". I asked her what her spirituality contributed to her dealing with her aloneness after her husband's death. Her answer was instantaneous:

Juliana	<i>The strength</i>
Peter	<i>Is it? I wasn't expecting you to say that... interesting ... just came out of you didn't it...(both laugh)</i>

She portrays this strength as fragile yet durable and she feels that it translates directly to her clients, He says that her husband:

...was my constant mirror with a divine spark. Now in my working life, in my practice I recognise the divine more and more in some of those people who put their trust in me and I know in my heart and my mind that each one of them has the potential to reach their bliss as I've done.

Juliana saw the whole experience of the illness and death of her husband as a kind of pilgrimage. She felt she wanted to involve her clients, as well as her family and friends in this pilgrimage too, if they so wanted. When she had recovered to some extent she enfolded this new experience into her work. This did not mean that she did not suffer but she also seems to have viewed the whole experience as a profoundly religious one, and one that was to be shared to some extent by her clients.

One therapist, Ieuan who is a priest did not mention his spirituality in his survival of a more gradual experience of learning to be a participating member of a group. In contrast to Ieuan, Clare's mystical eastern religion was frequently mentioned. Her life had been torn apart by sexual abuse, and by multiple deaths which culminated in the suicide of her son. Her faith seems to have played a very important part in her ability to make sense of multiple tragedy. She sees her religion as pervading the whole of life:

Being (name of the religion she adheres to) is very important to me... It's also about my healing...resolutions of childhood issues...It kind of (emerge), and it's very much my own personal experience. And through it I feel I can share with people... as if a tool box.

Delia after her first major illness was unsurprised when she "came back from the dead". Her impending eventual death, and the losses of dignity

that goes with extreme illness, and the surrender of some bodily functions, were a kind of life expectation. She told me, in the last interview before she finally died that the whole process was about giving up pride:

So when I was ill and had to give up...a kind of pride or something to be totally just...at the mercy of whatever was happening, and with people like my children, who were normally dependent on me.

Her considerable knowledge of an eastern philosophy seemed to give her the authority to make such an interpretation of her present suffering.

Rhiannon is also religious. Her husband has a paid role within a religious organisation. She said He was "extremely supportive" during her massive breakdown. She found it hard to attend religious services during this time, but took great comfort in the ordinary ministrations of her friend and her husband. She talks warmly of the cups of tea provided by her husband and the lunch dates with her friends.

Rosemary, by contrast, turned only to the church when her scientist husband was diagnosed with cancer. She became a member of the Parish Council after he died, and found some solace in its life and particularly in the energy of a friendly priest. She was able to open up her grief in this context, whereas it appears that she did *not* find the same release in therapeutic contexts.

What happened was a colleague took me to a healing service at the church and took me up... to the healing sanctuary bit, in the middle... and I said...what was happening? And burst into tears and couldn't stop.

Professional structures and affiliations, however, provided another form of institutionalised help to which some co-researchers turned.

Supervision

Much has been written and spoken about the value of supervision (Page, 1999; Walker, 2001:122-4; Wheeler, 2004). It is seen as a source of stability during life change although doubts have also been cast upon its necessity as a mandatory activity throughout the therapist's working life (Feltham, 2004). Several co-researchers however relied heavily on this structured encounter during their life-transitions.

Some therapists like Tina were content for their supervisors to act as safety checks on their work with clients during time of crisis. David however, under complaints procedures, wanted his supervisor to be more active where fitness to practice was concerned. He needed to be sure that everything he did clinically was safe from accusation. He became extremely aware of the issues around ethical practice and brought "explicit" issues to his supervision. This mirrors his concern to make much more explicit contacts with his clients following accusations from his client.

By contrast, Jason was more sanguine. He had also withstood a prolonged attack on his professional practice. He sees his mistake as not listening well enough to his clients "take" on their own story. He does not actually mention any other supervision than his own self-reflection, which appears to be considerable. He said simply that his relationship with mysticism suggests that "It is better not to make the same mistake again."

Unfortunately, Rosemary's supervision "petered out" after her husband died, since her own supervisors became ill. She was left alone with

only the statutory minimum of supervisory help. Other co-researchers were more fortunate and found that the focus of the supervision temporarily shifted from their client to themselves as people. Fiona used her supervision to disentangle herself from her son's drug habit sufficiently to deal with her clients' lives:

I had to do a lot of checking out, that I was safe really, safe to practice, and I think if I hadn't been, it would have been (spotted).

Again the role of the supervisor as a kind of reality check seems very important.

Ellen talked eloquently about the role of the Person Centred supervisor/therapist to help her to bear whatever experience she was going through. She seems to use the roles of therapist and that of supervisor almost interchangeably. She refers to the emotional importance of her supervisor, as a "knitting together" of the whole experience of being a human, whether with a client or in one's own private life:

She was always very accepting, always listened to me, always helped me. And I think with my clients... She can be like that with me and I can be like that with them. I think it's helped me be... able to tolerate, and bear myself... my experience... in turn... Because she's helped me to do that myself, I feel that I can tolerate and bear this in other people.

Tina, however, separated out the work of her supervisor from that of her therapist in order to survive the murder of her sister. This view is supported by the Code of Ethics & Practice for Supervisors of Counsellors:

If, in the course of counselling supervision, it appears that personal counselling may be necessary for the supervisee to be able to continue working effectively, the supervisor should raise the issue with the supervisee. (2003:3.3.2)

Tina indeed saw it as the supervisor's job to warn her if she were not acting safely and in the interests of the clients. I asked her about the supervisor's role in this respect:

- Peter *And did you trust your supervisor to say...I'm sorry I think you should stop for a while' if that's what he or she had felt?*
 Tina *Yeah... I just presumed they would have done. Nobody did.*

She kept her therapist for regression. She felt she needed both kinds of safety. The supervisor could provide the safety so that Tina could operate from the well part of herself as a therapist. In her own counselling she was safe to explore and express what she describes as the "mad" part of herself.

Therapy

Tina's use of therapy is notable in that she seems unafraid to see how in that space she came so very close to the edge:

During that first year I think I had some very interesting splits within myself and, and could quite happily float off into my madness at times.... For peace... and want to stay there as well, because it was quiet.

She would sometimes wrap herself around her therapist's chair during her sessions in an effort to be close to her. She told her therapist, openly, that she would sometimes sit in her car, not too far away from the therapist's house, just to help her to bear the dark places to which the experience of hating took her. I tried to describe this imaginatively after my first interview with Tina. I wrote as if I were Tina's dead sister:

Her therapist seems like a rock in a storm. I wish I had had someone around like that. Tina was more like the storm, though I liked her that way. She's getting a bit more like her therapist now, I think. She may go away from me a bit, but I suppose we both have things to get on with...

The place of strength and safety was very important also to Rhiannon. She had suffered a catastrophic breakdown following some drastic boundary crossing by her therapist-trainer. It seems very courageous of her to begin again with yet another therapist. This counsellor needed to help her make sense of the confusions in roles that had been played out with her previous therapist. She describes her new therapist

...who was very good, extremely containing, very good around boundaries, um... very, very supportive and I started seeing her immediately, which was a wonderful change.

For Debbie, finding the right sort of therapy was essential. As a Person-Centred counsellor, she felt she wanted very much to be heard and resonated with. Her first counsellor, following the death of her baby, had urged her to move on and get on with life: Debbie found this approach deeply unhelpful:

The counsellor... um, just would not allow my "What ifs" as I called them. You know what if I had... had more time... and she just wouldn't allow it. She said basically, 'Look, you made the decision to switch off the machine, and we need to work with that.'

This approach contrasts with that of the subsequent counsellor who really helped. Debbie said that a relationship with a therapist who could bear her own sense of guilt over the death of her baby was "transforming". It was "being really heard" that made the difference. Debbie quotes this counsellor

with appreciation, saying she offered the single word "Bastards" to describe the surgeons who had handled the case with such devastating effects.

One person, Jane, whose son's heroin habit threatens to dominate her life, has "bursts of intensive therapy", which she says help her considerably. She found the first interview put her into "a very reflective place". I later offered her a summary piece of writing in which I describe the use that she makes of therapy to face down the deeply unacceptable experiences in her life:

When crunch times come, intensive therapy sometimes helps. Your cry is 'Nobody helps me' and indeed there is some reality in that cry. You are 'deeply repelled' by some of the things you have to do, to witness, to endure in order to support Andrew. '...Every time I had contact with Andrew, I would become very internally aroused, distressed, angry, and sometimes my anger would spin over into him which I knew would be deeply unproductive, and very bad for me as well as hopeless for him.' You describe his effect on you as 'producing total shakes and a complete sense of juddering fear'.

Several co-researchers did not mention therapy at all. This omission did not follow any kind of pattern that I could discern, although I was left with the impression that those with a faith appeared to rely less on therapists and more on their philosophy. Most, however, appeared to find their immediate circle of intimates critical in working through the experience.

Friendship and family

Those counsellors who are supported by their family and their friends recall this backup with gratitude and sometimes with wonder. Delia, whose life so very nearly ended, tells of the tireless work of her family and friends in helping her through this arduous time. When she heard her diagnosis, she

was indifferent to the prospect of death, sustained as she was, by her philosophy and life experience. It was her daughter who pleaded, "Please don't die, mummy," and her friends who told her that so many important people were praying for her that it was impossible for her to die! Her old friend, known for many years in many guises got her some treatment. She was indeed "deceived with kindness" (Garnett, 1995), complicit always, but seemingly buoyed up by a well of support. Her husband, who was not an emotional man by her account, was brought into the picture, encouraged by her to read her "some Shakespeare", which "he did well". He equally ably fixed her an electric bell to summon help while she was ill. There seems little doubt that this kindness accompanied her subsequent final illness.

When David was under threat of discipline the most frequent source of help was his friends. Again and again he says that it was the "faith" of his friends that helped him through this period. Some co-researchers, like Tina and Juliana, mention losing friends and even the support of some of the family during their process of adjustment. Ieuan and Jason do not mention friends at all during their different, but less dramatic, ordeals. It was as if they felt that they had to get on with it as a condition of their experience. Maram, who realised during her sister's dying that the world of NHS was not enough for her, refers to the support of her family and friends almost interchangeably. She is aware of their encouragement in her bid to make a new career for herself in counselling.

Whatever their survival strategy, most, but not all, of the co-researchers thought a lot about the longer-term changes in their sense of self and their world which had been brought about by their experience.

Section Three: changes in personal philosophy and character of the therapist - changes in meaning for life

No change?

Some co-researchers declared that the experience had not changed them.

Ieuan, the only child who so very nearly didn't pass his course, but who learned to interact vigorously with other people as a result, says it is hard to define what the effect was for him. He says, however, it is no accident that he is able to work with people with a very fierce kind of anger. He says he is able to "love them while I am with them".

Jason, a very experienced therapist who underwent a complaints procedure, sees the event as having no enormous significance, but describes himself as having "some flaws removed" by his experience of attack by one of his clients. He is cautious about even this, however, saying that the event did not strike him "to the core".

Clare, whose life has been challenged so many times, including by the suicide of her son, says that her *clients* would see no difference in her before and after trauma. She says that *she* is different, however.

Such caution in attributing change to the event was not present in many of the co-researchers who were able to be readily specific about their internal learning.

"More expert"

The gentle overflow from one part of life into another identified by Clare is reflected in Tricia's experience of motherhood. She says that being a mother makes her feel more of an "expert" in the presence of her patients. This is an expressly professional change attributed to an event in her more private sphere. Tina, however, says that changes in her life following the murder of her sister are indistinguishable from one "life" to the other. She says that the event made her feel as if she was

...shot from a cannon, or from a catapult...so far forward...suddenly I was here with all these grown-ups.

It was not possible for her to be the same person as hitherto in either professional or private areas of her life. Her existence had been qualitatively changed.

This very personal change is matched for some people by a new motivation to make changes in the wider world.

"Fuelled up politically"

For David, who suffered many agonies of self-doubt following a complaint, found within him what he called a "defiance against defeat". In spite of being brought to the very edge he formed the belief that something good would come from the experience and that he would emerge a stronger person. The event made him question the bigger picture, and his heightened awareness about ethical issues has, as he said, "fuelled me up politically". This

metaphor of energy is taken up in another more personally political way in emotional liberation.

A new freedom

Rosemary's husband died, and as a result, among other things she found a new sexual freedom and enjoyment that she had never felt before. Perhaps consequently, her counselling became less important to her. She was not discontent with that state of affairs, although sad that she no longer had a kind a sixth sense, which she felt characterised her earlier counselling.

Although still bowed by sadness, on the two occasions I saw her, she experienced her life as in many ways better and wondered if, in some sense, her husband had "died for her". Her growth, she felt, depended on her husband's death.

Growth and development

Rhiannon emerged from her psychotic breakdown with more self-knowledge. In spite of her view that the crisis was heavily concerned with repercussions from boundary issues with her previous trainer/therapist/supervisor figure, she says, she *did* gain some good learning from her. Similarly, Clare, whose son committed suicide, is sometimes optimistic about the results of her prolonged suffering:

Growth and development can never be taken away from me. I know myself to be a different person from the inside now...I think the cardinal difference is that I am so much more confident than I ever used to being my entire life, and it's a paradox.

Potential for growth

Sometimes growth is not in evidence but instead there is a sense of preparedness for growth. Fiona, one of the women whose child was addicted to heroin, said simply that she knew herself better as a result of the experience. This may be an expression of what Debbie called a "potential for growth" emerging from "the fertile void" of her experience of grief. Both had, in a sense, lost a child.

David expresses such insights in intellectual terms. He says that following the disciplinary threat he is now more able to "balance opinions". David's increased insight seems to have primed him for action in practical realms. He came to realise that if he worked privately he was more likely to be covered for legal advice than if he worked for institutions. This insight seemed valued by him, as were his more spiritual gains. When David began to emerge from the shadow of the disciplinary threat he was aware that he was emerging as more real to himself than he had been before, especially in the presence of his clients:

I think what's happened is I've had this kind of nigggle... where I have felt even more real... I don't know if this makes sense but I feel even more real now than I did before, and when I'm with clients I can be more... in the moment even than I could before.

Debbie cannot have her baby Lisa back. But she was and is able to appreciate fully the ambiguities with which the experience has left her, and with increasing insight.

It was like this huge evil that was in me, around me...and also this positive growth... And even in this depth of pain, I felt, what I call the actualising tendency within me very, very powerfully...I've gone through this huge learning curve, both in terms of my professional

development and personal development, and I feel stronger as a person.

She feels she is "more humble". This attribute may have some connection with the sense of dynamism which results from another kind of levelling, the result of a social experience.

Live connectedness

Ieuan feels the experience of being given draconian feedback by his training peers has "levelled" him to what he can do best. He prefers the term "live connectedness" as an expression of the change within him to that of "humility". Tricia, now a mother, feels that as well as being more expert, she has more humility. Christina, who has had so many spells of illness claims that she has benefited from being what she calls a "wounded healer" (Jung, 1963; Knight, 1986; Maeder, 1989; Nouwen, 1972; Rippere and Williams, 1985).

It is interesting to notice that all these changes within the therapists' self perception seems to include a sense of self in the world. The next section examines closely how the change of sense of self affected the dynamic between the counsellor and the client.

Section Four: Changes in theory and in practice

Change of counselling model, or changes within the model

My own model of therapy had changed from strictly psychodynamic to a more eclectic one as a result of my breakdown (Chapter One). This eventually involved a change in my stance towards my clients. The gradual movement that was partly unconscious became more accessible. This ability to understand what was happening to me was enabled by the intersubjective process. The relationship, and the verbal exchanges between myself and a client who returned after the break in her therapy, brought clarity to me. The difference in the way I was in relationship was consistently articulated by my observant client, who kept saying, "You are different". Co-researchers in this study however did not replicate my experience as a whole although several reported significant qualitative shifts, but usually *within* their previous model of choice.

A move towards integration

Rhiannon did, however, make a move following her psychotic breakdown which has some parallels with my own experience. Not only had she, by then, had several trainings, but she also had changed therapists. Her language when speaking to me was chiefly psychodynamic, but like me her practice had become more integrative, and significantly she finds that she can now work for briefer periods with clients to produce the same outcomes:

Looking back (the clients) had the same degree of pain or distress... and... it's not often I see a client for more than nine months now, Whereas before I'd been seeing them for a year, two years, even five years in some cases, But I've only got... one client who actually had her hundredth session last week and that is exceptional now... Clients are moving through and completing therapy to where they want to complete.

For some people, however, the changes they experienced were not so much about theory or duration but about the capacity of their chosen model to "do the business" when times are hard.

The power of a containing model

David was forced to examine his person-centred counsellor model when a client made multiple complaints about him. This experience altered his perception of the importance of issues of abuse and power in the therapeutic relationship, although he had always majored in this area, theoretically as well as practically:

I felt I'd had a heightened awareness...an ability to listen more if anything, and I felt that...because I did lots of reading in theory of so much personal exploration, I felt as if I went through a very high learning curve in terms of understanding about myself, how that affected the therapy, theoretical understanding and vetting myself ethically.

David's person-centred approach in both intellectual and emotional terms enabled him to "work through" his experience of the disciplinary procedure. He put it simply and said that he found "reassurance" in his model of practice. Similarly Ellen chose to work through her experience of being jilted and feeling unloved through her person-centred model. She said that she

finds there is "more room for growth" within her model, and so saw no reason to change it in the light of her personal needs.

Internal battles within the therapist found their fruition within the client in relationship.

Response to clients

This summary of changes so far has concentrated on the person of the therapist, both as a "private" individual, and as a professional in her own right. I now turn to the relationship between the counsellor and the clients to see what the co-researcher understands to be the difference in the quality of this relationship which has resulted from the experience of transition, trauma or other incursions into the therapist's life.

Modelling the ability to cope

Christina was very clear that her clients come first in her life. She made strenuous efforts to avoid her illnesses intruding on their work. She hides her very demanding pain as best she can. She does, however, feel that she can use her experience of illness as part of herself within the therapeutic relationship. She quotes an example of her own use of medication as a way of normalising a client's fear of it:

I always remember one lady...She came in and said 'I feel so guilty, you know '. She said she felt guilty because she was taking Prozac, a Prozac tablet a day. So I said to her, How would you feel if I told you I was taking Prozac, a Prozac tablet a day? She said 'Oh that's wonderful, oh I feel great' and she'd gone, out the door. I actually don't take Prozac, but I just said how would you feel if I said I'd took it. She felt great'.

For other therapists the repercussions of trauma were not so much about coping, and more about a deeper existential, and shared understanding of just how bad it can get, and how difficult it is to respond in a new and healthful way.

"I know now how hard that is to change"

For Jane, the change in relationship with her clients was less about modelling the ability to cope, and more about respecting that her clients need to make their way forward inch, by inch and under their own steam. Her son Andrew burgled other people's property in order to maintain his habit. He was frequently in trouble with the police. It was a regular feature of her life to transport him to a car park where he would meet his drug dealer. Like Fiona, she had to deal with the bloody side of addiction, finding herself clearing up needles, and vomit and the detritus of the ruin of her son's life. So little by little she needed also to find ways of helping him to help himself. She describes in detail an *almost direct transfer of learning* from this situation to that with her clients. She says that first she needs to work out what in the counselling room is transference about her son, Andrew and what is about the client. Then she can use the same process as she uses with him, carefully defining what the client is ready to do on his or her own behalf:

In very small ways indeed, and I know now how hard that is to change from the previous way but, I'm doing it bit by bit...in the room with the client, ... to me now feels like.... Once the time is right for them, the next step... that what they do about their lives is going to be, one very tiny (step).... They have to identify it, but it has to be to do with decisions around the words they say and the things they do.

Jane's experience of life provided a qualitative change in the way she was with her clients, although at enormous personal cost. In our discussion during the first interview we reflected on how hard it would be to provide such learning in a training context.

Sometimes the ability to change how the therapist is with a client seems to depend not so much on philosophy, but on a close attention to a deeper kind of empathy.

Conscious respect for the client's world

Jason suffered prolonged legal rebuke from a client after he had disagreed with the emphasis that she had put upon her problem. He had made an attempt to interpose his own interpretation. He said in the second interview "It is not the therapist's job to put their own diagnosis first." Jason's ability to rethink such a stance with his client resonates with the intentions behind most codes of ethics and ethical frameworks (BACP Ethical Framework (2005), BPS Code of Ethics (2000), and BPS Professional Practice Guidelines for Counselling Psychology (BPS, 2005b).

Examining ethical relationships and boundaries with clients

It is not perhaps surprising that for those who have undergone the threat of disciplinary proceedings, ethical awareness was greatly enhanced. David describes himself as vetting all he did in terms of its ethical content. He says that even though his contracting with clients had always been "tight" (his word), he would now be "even more explicit". This extended to his influence

over and advice to the counsellors he supervised too. He experiences this viscerally, whenever there is an occasion to consider an ethical question:

My first gut reaction is hrrrrr, here we go again...so yeah, I would encourage supervisees to contract more tightly, more explicitly, and if there's a breach of confidentiality, I am now asking clients to sign something.

He goes on to say that he thinks he would now be frightened of any physical contact with his clients, although that had previously been a natural part of his practice, where he considered it appropriate and acceptable. He was especially careful with clients when his future in the profession was in doubt pending the outcome of the investigation:

I don't think I've exactly stepped back...(but) I'm very careful about any clients who might be very dependent on me...I want to make sure that I look after them in case I'm not going to be there.

This sense of vulnerability, the preciousness of counselling, and the uniqueness of what he is doing continue to permeate the way he works. He says that he always wants to look at everything "...more and more thoroughly... to look at how other people have looked at the process."

Caution was not the only response, however. For some, including David, there was an eventual increased sense of competence and ability to relate therapeutically with their clients.

Confidence

Rhiannon, when recovered from her severe breakdown "rarely wobbles" with her clients now and says she is "more self-confident". Debbie wrote a book

about Lisa's short life (Ruskin, 2002) and published it under her own name, feeling this was a way of honouring her child.

The increased confidence associated with a chaotic experience was accompanied by gratitude.

Gratitude

David is grateful for what his experience of being under threat of discipline has done for him. While Jason found that he had "no need to hate" his complainant, David says that he felt "terribly compassionate" with the client, describing how twice during the hearing he burst into tears out of compassion for the client. He gained inspiration from his clients during the long period of waiting.

Ellen wryly observed that while she was living with her broken-heartedness, some of her clients appeared to go straight to the point and be able to move on rapidly. She expresses such insights and attitudes as "gifts" from her clients. She expresses this personal phenomenon as a kind of reciprocity:

I help them by listening very carefully to them. I can see that that works...and then when they take that forward, its like that they give back something that I haven't seen, or haven't been able to do for myself...so it does feel a very joint sort of human endeavour.

She speaks with gratitude too of a client, a woman struggling out of an abusive relationship. She quotes one such client as saying "Nobody is ever going to treat me like that again." This prompts Ellen to "listen" to her client very carefully:

...Often when I've been with them and think about things that they say, and I'm thinking 'I need to learn - that's what I need to learn.

This ability to respond with gratitude and to have an increased capacity to hear what the client is actually saying appears to be accompanied by an increased facility to return power to the client.

Helping to bring out in the client what is already there

Clare's brutal experience of life, especially perhaps the suicide of her beloved son, has taught her to observe her life with some detachment. Yet she also values her ability, and role as a therapist as a witness to the lives of her clients. She envisages counselling now as a way of bringing to fruition something that is already there:

I want to help them to... move along that path in whatever way they choose...Whatever their issues are, I want to help them to be able to ... make steps towards resolution... So that if you can imagine the flame of the spirit of the soul is ... is this big (indicates a small space with her hands) I want to make it that big (indicates a much larger space with her hands)... I can't do it myself.

I asked her how she does that. She paused, and then said:

I'm not sure if there is an answer to it... I think much of (it's)] about....enabling them to do that is, just to be present. I think the fact that being another human being and being present and witnessing what they say and all that, it's really... hugely important work.

This kind of "witnessing" seems to have links with what Delia calls "complete surrender" to whatever is going on in her life or in the life of the client. Delia faced the dissolution of her health, as she seemed to be facing her imminent death. I tried to express this kind of surrender, both in her own

life and in the way in which she worked with her clients in my writing which I showed her on my second visit. I am glad to say that she said that she liked what I had said:

Yet in your surrender you seem to have found a kind of freedom. In both of your experiences of love and even of death you often use the word 'pleasant'. It seems the sense is that you are leaving behind something glorious in itself, even if it is not the right path for you long-term. I think of you as walking through a very rich and ancient jungle, judging which of the many paths you may take. Even the tiger that may eat you if you do not take care is at least handsome and goodly.

This quality appears to have been important in her relationships with clients. Her pleasure in them as distinct human beings left an impression on me. This level of detachment and vibrant observation seems to be one of the gifts afforded by a close relationship with one's reality. It seemed to enable her to know her clients' power over their own lives.

Acceptance, and being beside a client's pain

Ellen expressed a growing ability to "accept the unbearable". Jane, surviving the nightmare of her son's addiction, expresses her acceptance as a kind of hope. She describes this attitude as borne of humility:

I've more humility because I now know for certain within my own life how hard it gets.... I can immediately be more open to that person, silently, about how hard it might be for them.

I think that's it and the change there is to do with no longer feeling that I'm likely at times because of their darkness being too dark for me, to leap into trying to repair that in any way, I don't have to do that now, it can be that dark

And that's difficult because I know how difficult it is. Whereas before I only had a dim idea of how difficult it was.

Fiona, another therapist and mother whose life is changed by her son's heroin addiction, turns that acceptance into a kind of liberalism where

her client's goals are concerned. She sees their presenting problem as the point of entry to a saga as mighty as her own:

I just think every other person's got some kind of big story behind them too. And mine isn't the only one, you know. I can meet that and understand it.

A severe breakdown for Rhiannon brought humility, acceptance of others and a kind of self-acceptance that had wide repercussions for herself as a reflective practitioner, and for her clients:

...and (I am) so much less self-critical.... So much more inclined to support myself and... contain and hold myself... Whereas before I would be flustered and flappy and anxious and sweating and nervous and not knowing what to say not knowing what to do just getting a blank head. It's like I can just slow myself right down and stay steady, stay containing, stay with the client

It appears that her experience was "containing" (Bion, 1970), as it was also to Rhiannon. Her acceptance of what has occurred to her seems to have produced a two-way effect, both in herself and also in her clients.

Tricia's experience of motherhood helped her to "hold on whatever" and contain her client. Such containment came from Tina's therapist when her pain and rage were so deep that she descended temporarily into madness. Tina, herself finds now that she can just stay with the awfulness of another's situation, however terrible. Rhiannon, whose experience with her own therapist/trainer was so damaging, nevertheless found that surviving her breakdown enabled her to "go far deeper into the pain." She says she is "dealing with projective identification with more confidence now." Similarly Ieuan is able to cope with "savage" men without becoming himself uncontained. David, having reflected on his experience of being attacked by

a complaint from a severely ill person, finds himself "not afraid of severe mental illness".

For Debbie, her protracted pilgrimage into "what ifs" with regard to her own sense of responsibility for Lisa's untimely death, occasioned her to reinterpret the experience of being stuck:

I realised it was OK not to know. It was OK to feel pain and it was OK to be stuck, until I... or my clients are ready to move or grow... At the end of my counselling, we called 'being stuck'... (I actually used the phrase, and my counsellor said "That's a wonderful expression, I called it a place of potential.".... And I said to her "When I was in this place of stuckness, underground, there was movement that I couldn't see".

Debbie's powerful working through of her own material appears to have helped her to carry on holding the clients, seeing that for them, as for her "stuckness can be a place of potential". She is able, though her own experience, to act as a container.

One aspect of containment, according to Bion "is a confrontation and the result is growth producing" (1970:78). Many of the co-researchers found themselves more able to take on this difficult-for-the therapist relationship with their clients after they had worked through their own experience.

Challenging

A key issue for many therapists is when to challenge and when not to.

Maram, having experienced the untimely death of her sister, is able to be more "blunt", and to talk about death in terms that are direct. She told a moving story of the way in which she talked with her sister's child after the death, naming what had happened with simplicity and without fear. Fiona had

to make a journey into another kind of honesty when she discovered her son was not what she thought he was. Heroin addiction seems to entail telling lies, as both she and Jane impressed upon me. Fiona, having faced her own evasions, says that she is now much more able to "leap in there" with her clients, challenging them with the use of more direct language, but perhaps more importantly with a more direct apprehension of what is their own experience of their lives.

The accuracy of a confrontation often depends on the ability to listen at a very deep level. According to Rogers (1980:115-116) accurate empathy and congruence on the part of the therapist are interdependent features of the therapist's availability to the client. Many co-researchers expressed the view that they could now listen better. Perhaps this was the result of their needing to listen to themselves during their journey through their life-event?

Listening and its connections with empathy

Jason, who found his way through a complex complaint, gained some useful learning, and describes his ability to "get onto the right wavelength" now. This is not only about challenging or about his own use of language, but rather an increased ability to *hear* what the client is actually saying for his or herself.

For David, also subject to disciplinary procedure, the ability to listen better is not only a necessary skill, but also the pathway to greater empathy. I expressed this increased availability thus when I wrote to him after our research encounter:

Your client had made wide-ranging complaints about you and you were prepared to listen even though your world was being liquefied at your feet.

David survived the experience of the indifference of his colleagues during his ordeal yet he describes the relationship with his clients as being characterised by a "deeper humanity" and deeper empathy than hitherto.

Rhiannon describes her work now in contrast to before her psychotic breakdown as "vastly more empathetic." Ieuan underwent his experience many years ago but it was of a more gradual kind than Rhiannon's. He had discovered that he could be subject to the severe criticism of his training group, yet still survive and "mix it"²⁰ with them. But for him too, it was about the development of empathy and the ability to be with the anguish of other people. He describes it thus:

I knew myself to be different (as an only child) and ... I certainly was able to identify more successfully with... people's pain as it was expressed in anger... violence, in terms of ... people who are... angry, and aggressive because they were hurt you know...which I'd always felt very uncomfortable with...I was always good with sad people.

Similarly Christina's persistent illnesses has increased empathy, she feels. She says: "I feel empathy for my clients. I like them all, especially when they really deserve sympathy." Ellen's aloneness when her partner suddenly left her made her more aware that "many clients feel on their own". She describes this realisation as "feeling empathy, but at the same time being in your own process".

²⁰ He explained, and the context suggests, that he meant something like "join in with the rough and tumble ..."

For Tricia, the experience of pregnancy and motherhood made her realise that she had not really engaged with her clients' pain and loss before, but that paradoxically, she was more hesitant now. Issues regarding children are especially sensitive because for her now, "Every child is your child", so she uses her vulnerability carefully and thoughtfully.

It is not surprising that a change in the co-researcher's life often increased their ability to feel empathy but also compassion towards their clients.

Compassion

There is a difficult and sensitive difference between empathy and compassion. Sherwood, Cowan and Tagar (1999: no page numbers) say:

From the heart of compassion is born empathy, long established by Rogers, as the key to a successful therapeutic process.

(See also West, 2001). Yet these qualities seem to function in tandem. David goes on feeling "compassion" for the client who accuses him of many counselling misdemeanours. Juliana and Rosemary mourning the deaths of their husbands are moved to compassion. Juliana says that she is more able to "feel a compassion without involvement", and Rosemary is able to feel for a supervisee whose daughter has died in a qualitatively different way. Ieuan uses his training group experience to somehow, he says, "love my clients while they are there with me." Ellen, mending her own heartbreak says that her own suffering makes her "more sensitive and compassionate".

The increased compassion that I was able to feel after my breakdown guided me towards a more "bespoke-tailored" way of operating boundaries. My client later told me that she could not have stayed working with me unless I had become less "rigid".

More viable: boundaries and disclosure

The root of the word "compassion" understood in terms of "passion" appears often now to have been tempered with caution, and thus in the counselling world is sometimes confused with an increased adherence to rules.

Sometimes this is not helpful. I was fairly recently advised that an article I had written about envying my clients was not suitable for a particular journal "in view of the debate about regulation", although it was subsequently published by another reputable journal (Martin 2003). But caution can sometimes become what may be called "wisdom". This, I think was the case with at least two co-researchers in this study.

Both men who were complained against by their clients describe themselves as more "cautious" or "circumspect", particularly where clients who seem dependent are concerned. David was particularly concerned about touch with clients, and describes becoming very fearful if he appropriately touched anyone, taking it meticulously to supervision. Jason is very direct about his learning. He says that there is a need to stop working with someone "if you are convinced that you are right and they are wrong".

For some, like me, however, boundaries became more permeable, and in the view of the co-researchers concerned, more useful to their clients.

Ellen spoke eloquently about her boundaries, affected as she sees it by her complete acceptance of her broken-heartedness. Indeed, she defines boundaries as the acceptance of experience:

I suppose my understanding of boundaries from a person centred point of view, is its about congruence.

... And in that, I have to be able to...acknowledge and. tolerate and I accept my experience... Which I think can do far, far more than I've ever been able to do.

So that's my journey ... as a counsellor. And if I can do that, then the boundaries there... that's the boundary. And that's the whole point. As far as I'm concerned of... person centred counselling, is the boundary of his or her... capacity to be...(with your experience).

Delia's illness brought about changes in her boundaries with her clients. She had to warn them that she might have to cancel at very short notice, that she might be ill during a session, and that her family might need to be around while she was counselling. She said that in a way that changed little since her boundaries had always existed "in the moment", and that sometimes clients who had travelled a long way had breakfast with her family and so on. She saw illness as one more way of saying:

There's this completely free communication, because there's nothing that says... 'I'm in control and you're not', or 'I know better than you'...or anything like that.

Tina's experience of her sister's murder entailed her reaching to the bottom of her rage. She feels that this has altered the way that she deals with boundaries in a subtle but important way. She still discloses little, except perhaps to say a phrase like "those of us who have lost someone". Tina is slightly more inclined to touch clients now where she feels it is appropriate,

and does so again in the same spirit of there being nothing between herself and her client in terms of fear:

I'm much more physical in that I just... I just touch people when I'm talking to them. If I'm stood talking to a friend I'll hold their arm or hold their hand or just touch them for a moment.

But perhaps more fundamentally the internal boundary is less pronounced. I tried to express this in the written response I sent to her between our first and our second conversations:

So now, when you are with your clients there is nothing in between you. You can see "rainbows in the dark"²¹ and a breath of wind in a candle. Light and dark are the same, and the love that you felt for your sister, the affection that you hold for your wayward father, is all one with the revengeful force that you hold for the one who murdered your sister.

Clients are different only in the sense that children are different. You touch a little more; you share a little more that agony of loss. Yet, I sense that you would not be without it.

Somehow the grief is part of your life, and part of the joy that you ponder on your early morning walks that you have with your dog and the summer sunrises. You also had enough to share with me. You were able to 'give some away' to me and I rejoiced in the sharing.

For Juliana, the news of her husband's cancer, and his impending and eventual death brought changes both in her level of disclosure, but also in her boundaries. The fact that her husband was also her "secretary" and opened the door to clients, meant that the clients were to some degree involved in the whole trajectory. After his death, her returning clients were conscious of his absence and it became part of her work in the room. She

²¹ The title of a piece of writing by Tina.

says that her counselling is now subtly different. She tells the story of being very vulnerable with a particular client, aware as always of her husband's presence somewhere in the house even though he had died:

Peter *It feels like... that. That something has been awakened in you.*

Juliana *(I had misplaced the client's) notes. And she arrived and she said to me that the two personalities that we're working with, one the academic personality, the sort of 'clever dick' personality, and the critical parent I have let go of, but I've nothing, but I've nothing at all. And I didn't have her file and I said to her 'I haven't got you either on paper, but I have you here together, and we're here together' and we stayed in silence for the whole session.*

And I gave her permission to ring me in the week because she had no self at all and very frightening. She came the next week, and it was the actual week Aaron had died, that was last week, and she sat down and she said 'I am very worried about what I'm going to tell you' and what she told me was that she found some...she found herself...[cries]

Peter *Moving to you....mmm.*

Juliana *But what was beautiful was... that she'd found herself and the self was worried that I might not have a self for her because of Aaron dying that week. And at that moment, it was like it is now, but at that moment there was a kind of breeze that swept through and touched me and it was so powerful, and I knew that there was no breeze out there, that it must be the spirit. And I said to her 'What you said is so beautiful that you've found yourself,' and I said that I'd just found Aaron because he'd just touched me with the breeze and she said 'He touched me too, with the breeze.' And she burst into tears. It was just lovely. [cries]*

Her disclosure was complete and so, it sounds, was the synchronicity of the work in that session.

For Debbie deciding to honour her own authenticity and identity as the author of the book "A candle for Lisa" (Ruskin, 2002) was a form of

disclosure, and thus a change in her boundaries. It meant that she was visible to her friends and family but also to her clients. She describes the importance of writing the book with clarity and in a way that I, in turn, found very hard to hear. It is still deeply painful as well as ultimately hopeful to me: This is how she responded when I said that she seemed to have increased her own authority since I saw her at the first interview:

Do you know, that's a lovely thing to say because when I went through the counselling, ... I spoke of things that had died in me... and.... It was like... I felt... that my spirit had been cut... when Lisa died... and we had to switch off the machine. It was then cut again with the organs (that had been removed without permission)...

...And it was like my spirit would never be the same. It can't ever be the same, but I sensed that it would grow and evolve... And it's like come up... um... transformed, whatever...

...When I wrote that book, I thought, after I'd written it... I had to make a decision about whether to put it in my own name, because I wrote it under a pseudonym, as you know, um... so I could hide behind this fictional name... But I could express my feelings um... in a completely open way, which I felt I couldn't do as me... because I felt...I dunno... awkward, shy whatever, I don't want the world to look at the real me.

This decision entailed an important spiritual and emotional battle for her. She was aware that by writing a book that concerned her baby, Lisa, something important about her was potentially available to her clients. She universalises this contact with her world of people thus:

I've not had a problem about disclosing...But... I think the difference is... that before it might have been a factual disclosing, I think that... I will tell this person that I know what it feels like to... be bereaved. I've been there, thinking that's going to help that person, and not just this... um... girl sitting opposite. So it was a factual disclosure to help

my clients... now it's a human disclosure to connect...as two humans, as well as...wanting to help the person.

Disclosure by the counsellor within the dyad must substantially change the nature of the relationship. This was so for many of the co-researchers in this study.

Relationship

Many co-researchers looked back on their life-experiences and noticed a qualitative change in their relationship, and what might be called "the space between" (Josselson, 1996). Delia who had survived a massive illness put this idea succinctly, when she referred to herself in relationship to her clients. She said that whatever "was in between has now gone". The intimate ministrations of her family, and her very visible infirmity had left a free passage between her clients' worlds and her own.

David, who might have easily retreated in the face of the "complaint", turned this idea around the process of his clinical encounter. He says that now he works *with* his clients. He says he now watches himself "connect" with clients in a different and more fluid way. He has not made himself smaller in the relationship, but works, he says, with his clients with a heightened awareness of his own presence. It is as if the trauma has made him more real to himself. Jason responded to a similar disciplinary situation, not so much by greater intimacy but by refusing to get into feuds with people who criticised him. Ellen's broken heart has had a similar effect on her ability to make live relationship with her clients, saying of them,

I tend often to feel it (the client relationship) as a human thing.... Like a connection, a connection with them.

Fiona needed to draw new lines between herself and her addicted son in order to survive. Yet that process with her son enabled her, she said, to be more direct with her clients now. She is able to name the feeling, name the dread, and talk from a position inside the pain of the people she is working with.

Tricia's motherhood has increased her engagement with the client, feeling that "every child is my child", and an increased bond with other mothers. Strangely, perhaps, Juliana's grief following her husband's death has seen her move from what she calls a "business-like relationship" to a state in which there is "more intimacy" between herself and her clients.

For Christina the experience of dealing with her own persistent illness has increased her awareness of her envy of some of her clients. This accords with my own experience recorded in Martin (2003) . She is careful to say that this envy is accepted and worked through yet she is able to own that her need to nurture, means that her own needs are sometimes neglected. There may be a case for wondering if the experience of envy has brought her closer to, or has increased the distance from her clients? She refers to the original counselling course that was then the beginning for her of a new goal:

If I wasn't on the course I wouldn't have had the goal. And my... recent medical history, the "thorns and thistles",...have been a damn nuisance, got in my way. And if I haven't focussed and focussed ahead and on my clients, so they've (the thorns and the thistles) just

been neglected. And I focussed on them and perhaps I should have nurtured myself a bit more. End of story really.

Putting the client's pain before one's own may perhaps be seen as vicarious. Christina feels her openness to another's emotional pain contrasts with her own lack of comfort in dealing with her own emotional pain. Holding another's pain is very important to her. She says, "Take away counselling and my life would be shit." It is perhaps important to listen to the experience of this person who is so clear that counselling others gives her a way of being. I find myself wanting to defend the phenomenon represented by this therapist's comment. When such an honestly declared need is denied, it is all the harder to get hold of the kaleidoscope of reasons that people counsel (see Forrest et al., 1999; Guy, 1987; Hunot and Rosenbach, 1997). This woman's frank admission takes me back to Jane's and Tina's clear declarations that at times counselling was, for them, refuge.

Such declarations of the therapist's need for the client carry with them an inescapable sense that counselling is not for the proud-hearted?

Increased humility

For some co-researchers their encounter with their own nemesis encouraged a greater sense of their limitations. Ellen's assertion that she now knows that it is impossible to take away another person's pain, following her experience of a broken heart, may be seen as a kind of humility. This is connected directly to her therapeutic endeavour, but significantly with her own sense of brokenness. Clare, recovering from a series of life-events including close

family suicide says that with humility comes strength. She believes that there are external forces that are beyond one's control, but the therapist can act as a "unifying centre" in that fulcrum experience.

Delia, who faced death, said that her experience has taught her that "We live a hair's breadth from disaster." There is no one thing that can save anyone from humiliation and a kind of spiritual disaster. She found herself unable to judge any of her clients for their apparent misdeeds. She tells of enforced humility almost merrily:

I realised I could have fallen apart then...I mean I did once and burst into tears...when something happened...and my daughter asked 'Mum...I just can't believe that this has happened'. And then the next minute we were laughing, do you know, because we both understood. She understood exactly what I was going through.

If humility is a pathway to reality, then it seems likely that a sense of one's own reality is a prerequisite to congruence. It is to this aspect of relationality that I now turn in this analysis.

Genuineness and Congruence

Akin to humility, is Fiona's feeling that she is more honest after facing the possible death of her son through addiction. She describes this process as "learning to be more truthful", and by the same token, more trustworthy. Ellen, who felt such pain following her rejection by a lover, says that the sheer experiencing of such pain, and the honesty required to allow that experiencing, enables her to be truly accepting of another person's pain. Debbie's loss of her baby resulted in what she calls "congruence and genuineness":

This is what happened to me...It's real...I'm saying 'here I am'... And there's only me that can do that.

Clare's life, changed as it was by abuse, loss and the eventual suicide of one son has resulted in a different kind of genuineness. She describes the ability to be angry with a client who was apparently playing about with her punctuality. She was able to value her own time, saying to the client:

I am not prepared ...to wait around 20 minutes or half an hour before you decide to come.

Perhaps the urgency, the shortness of life that she had experienced so bitterly in her own life, had allowed this impatience which the client evidently experienced as genuineness. She seems to ally this impatience with the opposite of impatience, which is for her an increased ability to "stay in the moment". These themes seem to be told with the notion of using time differently following the crucible of life-threatening experience.

Such a stark position rids the therapist, as it does all people, of some of their protections.

Vulnerability

Tricia had what for her was a life-enhancing experience. She gave birth to a baby. She says that while her needs remain separate from those of her clients, she is more able to take upon herself their pain²². She talked of the

²² The idea of vicarious suffering turned my mind to Christian theological language. Here the notion of taking on the pain of another or indeed of sacrifice is understood in terms of the Suffering Servant (Isaiah Ch.53 - for a secularised account of atonement, see Bonhoeffer in Bethge (1970:785)).

suffering of children as a universal phenomenon, a changed perspective, now that she was herself a mother. She said that her patients were, in some sense, her children:

But I think, you know that's what I'm saying, you know it felt like that they were...and that's... too close to, you know, Tristram was my child. And when you engage with a patient you're taking on their pain to some extent.

Since the birth of her son Tricia feels in some ways less effective, yet more effective, because she cannot now maintain such a great distance from her patients, especially when they are experiencing family trauma.

While Tricia was enriched in her relationship with her patients by her experience of motherhood, Debbie *lost* her child Lisa. Yet this still had the effect of increasing her ability to use her vulnerability with her clients. She says that now she is able to be "strong and vulnerable at the same time".

Ellen, working through her emotional pain, goes so far as to say: "I can't be the therapist if I am without this (vulnerability)". She says that staying with her own pain helps her to be less blasé. Her vulnerability makes her connect with others better. She holds her role as a counsellor slightly differently. She describes it as "not identifying too much with the role". This distancing seems to have helped her to achieve a more useful stance of "no longer needing the client but seeing counselling as a form of healing that come naturally". She says that working "with a wholly broken heart means that the ego is much less involved".

Christina claims that she sees the benefits of being the "wounded healer" Jung, 1963; Nouwen, 1972; Rippere: Williams ,1985; Knight, 1986:

Meador, 1989). She is indeed living with a "wounded" body, but like most of the other co-researchers she feels that the internal wound enables her to be more vulnerable with her clients. Fiona says that her colleagues tell her that she is now "much less scary" than before she discovered that her son has an addiction. She feels this has something to do with her allowing herself to be much less in control.

Rhiannon's recovery from her breakdown has also been accompanied by some changes in her stance with her clients. One senses that this is also true of her stance in life:

I believe I am able to go far, far deeper into pain than I was able to back off, often without realising it. I can stay with people... much deeper, and I'm not nearly as frightened of people's suicidal ideation as I used to be. That used to scare me and I used to feel terribly responsible for my clients, if they talked about suicidal ideation.

I don't now... it's like I can... I feel a lot of the time I can walk with them in that place, with a depth of understanding that somehow probably offers a containment... and a support... without getting scared myself.

For Rhiannon, vulnerability is not the same as fear. She has learned to live with her vulnerability without it crippling her.

I found the experience of living through these stories, and then re-storying them into the form of this chapter both energising and depleting. I found that this activity left me with internal issues of my own to deal with.

An initial dialogic response to these stories post-partum

These stories have been with me for several years now. They are part of my consciousness. I am still in distant touch with all those co-researchers who are still living. But the dialogue inside my head continues even with those who died:

If we wish to trace the growth of whole people, we must cease to regard people as finished identities and somewhat paradoxically, we must find those moments where the self is in dialogue with itself (Josselson and Lieblich, 1995:37).

Here Josselson is referring to gaining access to the interior dialogue of the co-researcher. There was plenty of evidence of that phenomenon in the changes and shifts in the story between the interviews (see Part Two).

However, my *own* interior dialogue whilst writing up the interviews confirmed that I had work to do. I was conscious that I had moved on into the next stage of my research, there was some bereaving to experience. In Worden's terms I have a need to "relocate the past" (Worden, 1983:16), or in methodological parlance "reposition" myself in relation to the data (Blyler, 1998).

I have been aware, as I have been writing and thinking, of a continuous "conversation" with these both the people who told the story, and with the stories themselves, almost as a separate entity. This conversation has made me want to go back to them yet again to check out, to make sure that I have understood what they were saying. But I think, more than that, I

would like reassurance from them as I make their stories my own, that I have maintained what I can only describe as the "sacred core" of their story.

I am reminded of the genesis of my research, my mother's death, and the wish to be faithful to her own versions of her life, in its failings and gravity, as well as in its achievements. It was as if I still wanted her imprimatur on my talking and thinking about her life.

Yet I also know that I cannot have that. And I know that I cannot have either, the moment by moment checking out of these stories my co-researchers had previously offered me. *This is the point at which I have to take responsibility for what I do with their story in terms of my own subjectivity.* This is the point when, in terms of a relay race, I have run alongside the breathless runner, and I grasp the sweat-stained baton and burst my lungs for the next few hundred yards. Then in turn I shall reach out my right hand, and strain to make contact with the next story-bearer who will sprint their own erratic course.

The next runner may well be a reader of my research. Just as my co-researchers lose control of their story at this point in my work, I shall, in turn, lose control when another person reads the story. It is only for a brief moment that the baton is held by two of us. That is the moment of intersubjectivity.

I reflected on my reluctance to leave behind the joint construction of the narrative. As a therapist who takes human development very seriously, I may have some understanding of what is going on. My adaptive infantile self is pleased to have been seen as a faithful reflection of another's experience.

It is a kind of backhanded compliment. I have turned Daniel Stern on his head. The infant, according to Stern (1985:220), and also to Kohut (1977:99), needs a faithful reflector of his or her selfhood, in order to develop an awareness of that selfhood. Patton and Meara (1992:52) capture this idea succinctly:

At the grandiose pole of the nuclear self, the child constructs the mirroring selfobject, which consists of the parent or caretaker as the faithful mirror of the child's greatness.

This mechanism is repeated at the other pole which consists of the "powerful, omnipotent parent in relation to the idealising child" (1992:54). In my case, mothering (and fathering) was scarce in a largish wartime family. Reflection was not likely to happen and didn't. So I learned to be a reflector of others.

Yet my own attempt to reflect back to my co-researchers has been marked by my own failures in empathy²³, attributable to some degree to what Balint (1968:88-89) describes as the "basic fault" I have described in the preceding paragraph. Sometimes my attempts to write about what my co-researchers had said met with rage and with outright contradiction (see Section Two, in Chapter Nine). I survived the narcissistic injury when this occurred. In each case I arrived at some kind of peace with the precedence of their version of their story over my failures in empathy, but always insisting that the outcome was something that I could "own". This activity, mental pain and struggle was all about the *construction* of intersubjectivity as a *process* in

²³ A word that interestingly has its origins as a psychological theory of art in which the viewer experiences the qualities of the object of art. This historical understanding of the word seems appropriate to my, sometimes flawed, attempts to experience alongside my co-researchers.

the dialogue. It does not relate to some kind of abstract state of intersubjectivity. This experience has helped me to think about intersubjectivity as something that is *wrought* rather than discovered (see further comment on this incident in the creative synthesis).

My own journey into the intersubjectivity adventure was, as I have said, predicated by a need to mirror, in the absence of having been mirrored by others. Winnicott (1968) predicted the conversion of need into a construct, which he called the "false self". I think it possible that I have employed the reflexive nature of this study, my relationships with the co-researchers, and the experience intersubjectivity to undo that false self. Phillips (1988:127ff) writing on Winnicott calls one of his chapters "Real-making"²⁴. This phrase describes the journey from the false self to a more integrated sense of self, based within, rather than in an appropriation of someone else's integration. This is what it seems this experience of working with others has at least partially achieved for me.

So, based on some of this understanding, it is time to go forward. Like the child who at last has found enough approval, enough synchronicity, the next step is to leave behind that (recently gained) safe space and move forward as Erikson (1959) had predicted. Now it is time for me to stand alone for a while with the new story that my co-researchers have wrought in me. It is the due stage in which I must wrestle with what the stories have done to me, acknowledging that whatever the origins of my changed subjectivity, it is my responsibility to do with it what I will.

It feels like standing on the step with my suitcase in my hand, and a ticket to travel. I wrote the poem below when I had finished writing the bulk of this chapter.

A poem

*You offer an image of your life to stow amidst the dense
jumble of my ill-packed bag.
I accept it carefully, treasuring it in my sweating palm,
Murmuring a thought about its uniqueness and patois.
Then I turn, and wave, and smile a little, feeling it was not
quite enough,
Board the bus, the train, the economy jumbo, losing some
possessions on the way
To be found by urchins, scholars, robbers and the
undiscerning rich.
Rummaging among the remains in a foreign city, I unearth
the picture.
It stirs reminiscences in strange tongues and unaccustomed
eyes,
But I, preoccupied, by risky adventure, make my own
uneven bid for continued survival,
Possessed as I am with something of yours.
Until, I too, must make a gift from my accumulated hoard,
Finding to my surprise that it once belonged to you.*

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²⁴ Although I reject the essentialism of this word, it stands for an individualised construct about a provisional sense of self, for me in this discussion.

Chapter Eight: Discussion

I listen to them very carefully, and I go away often when I've been with them and think about things that they say, and I'm thinking "I need to learn, that's what I need to learn".

(Ellen, reflecting on her learning from her clients.)

Making my study accessible to a wider audience

Purpose

This penultimate chapter is designed to be a debate with the researcher and with the practitioner who does not necessarily accept the traditions, epistemology and methodology associated with heuristic inquiry. The same people may, however, want to debate the claims made about the development of methodology and the wider claims made about the therapist occasioned by this particular inquiry. This involves an even more radical change of voice from that in Part Two, before I return to my subjectivity in the final chapter.

I have raised some of the questions occasioned by this research in boxed sections below. Their function is to signal this research, perhaps like all research, as a roadsign, rather than as a destination.

The status of claims made in this chapter

This present chapter does not seek to be a truth-based series of claims.

Rather it is a series of propositions arising from the inquiry which may be of

interest to a wider selection of quantitative and qualitative practitioners and researchers. It presents a series of possible implications arising from a disciplined and scholarly, and personally-involved engagement with events in several therapists' lives.

An outline of the chapter

The chapter begins with an engagement with methodological issues raised by this study. It then examines the implications of the process of my chosen epistemology and methodology in terms of subjectivity and intersubjectivity. I then tease out some of the significant possibilities of re-storying the interviews in terms of *counsellors living within the structures of the profession as it is currently constructed*. Continuous Professional Development of therapists, and the need to reposition supervision for the therapist in transition forms the core of this exploration. This position has implications for the discourse about professionalism, which are then explored. The chapter continues with an estimation of the strengths and weaknesses of this inquiry and includes some indications this study makes about the course of future research. It concludes with a discussion about the nature of validity in this kind of work, and justifies the penultimate placing of this present chapter.

Re-positioning of heuristic research

This research compared with Moustakas (1990)

I have made substantial alterations to Moustakas (1990) in terms of design, intention, and research design (Table One p. 68ff). I have not sought to use

the device of *Epoche* (Moustakas, 1994:33ff) in any prolonged or sustained way, but have relied instead on the power of individual narrative to carry the research forward. I have not sought to identify an "essence", nor have I attempted to portray any defining characteristics of the experience of a therapist's life-event. I have encouraged the story to stand even if it contained little of what I originally asked for. I did this in order to respect the phenomenon, a story is in its own right.

This research does, however, have much in common with Moustakas:

From the beginning and throughout the investigation, heuristic research involves self-search, self-dialogue, and self-discovery; the research question and the methodology flow out of inner awareness, meaning and inspiration. (1990:11)

I did this too. But ultimately Moustakas's quest was to communicate something which is generalisable and which is simplified, mine is not. An example that he himself gives of such an heuristic "result" is in Becker's (1993) account of psychiatric nursing. This breaks down the experience of interviewing into a simplified and generalisable conclusion:

The world of the psychiatric nurse is often experienced as a place with many obstacles. The external world is experienced in a variety of ways, and one has to get through all these obstacles (in Moustakas 1994:20)

In his own writing he does include, initially, an unprecedented degree of self-disclosure (1990:Chapter Five) but the *end result* does not. His conclusions seem a sterile outcome of a rich search. My study (see especially the concluding chapter) attempts to preserve my *presence* to the very end even

though I attempt to privilege the co-researchers' voices substantially throughout.

Deconstruction and "bricoleur" - dangers and rewards to the researcher

Deconstruction

In order to make some departures from a respected pioneer's methodology, extensive and consistent tests needed to be applied to the possibility of working with a methodology outside of its "home" ontology. My long battle with the orthodoxy within myself in Chapter Three is testimony to the rigour that is required to cross a boundary or to make something new out of something that is old, as in Lévi Strauss's (1966:17) version of what it is to be a bricoleur.

Such boundary movement can be highly creative and liberating and bear some resemblance to a post-modernist attempt to de-construct. It is hard to engage in heuristic research, to co-construct, to reach intersubjectivity; and at the same time retain a solidified view of human experience. This research questions monumentalism rather than being an attempt to destroy it.

The act of co-construction and the consequent intersubjectivity makes inherently for a one-off picture. If, however, there were a vast collusion between the researchers with a set of cultural values, co-construction would be forced to surrender to a dominant value system. I found evidence of such collusion with culture in the early stages of this study. I am a clinical supervisor in my wider professional life. This position inclined me to make

judgements about some of what I heard from my co-researchers. The regulated world of counselling needed to be separated or questioned before I could really hear my co-researchers. It was only the release of the wider discourse of phenomenology and the specific permissions of heuristic inquiry that enabled me to step aside from a stance, and move into a more discursive relationship with my co-researchers. This is illustrated by the following debates:

- *How much can doing research play an important part in the professional's ongoing ability to make professional judgements from scratch?*
- *To this end, how much is an engagement with philosophy important in contrast with the subject matter?*

Bricoleur

The existential risk involved in experimenting with the "bricoleur" position brought many creative rewards to me as a researcher (see Chapter Three). The notion of intentionality (Brentano, 1973:88) even within a subjectivist approach seems to rescue the debate from the "either/or" dichotomy. I have instead used the notion of bricoleur, "governed" by a focus on the co-researcher, and in so doing have become a kind of bricoleur myself. West recognises the danger of what Reason (1981: 189) calls a "rigour of

softness" but nevertheless sees bricolage as offering "a creative composite" (p 354).

This methodological freedom can result in a richer, deeper report than if just one method had been rigidly adhered to. Naturally there is a risk of confusion between methods chosen, but it is expected that the final outcome will be greater than the sum of the parts. (1996:354)

Here he is speaking of methodological bricolage, but the experience of this inquiry suggests this comment applies also to a bricolage of both epistemologies and methodologies.

I have, to a degree, invented something somewhat new from something pre-existing. I was thus released to use heuristic methodology to a wider, and perhaps more fecund use without the danger of shadowing Moustakas too closely. I have evolved in my research design, a position that might be called "relational heuristic inquiry". The nature of this relationality is spelled out below in terms of co-construction, subjectivity and intersubjectivity.

- *What is the relationship between the richness of data and the utility of it?*
- *How far can a methodology be "stretched" to meet the purposes of the researcher without losing its integrity?*
- *How much can the researcher share the research space with his or her participants without self-indulgence and distortion?*
- *How much, in this kind of research, is the reader required to act as the analyst of the material before him or her, rather than the author?*

The intersubjective moment

My own positioning of heuristic research moves the emphasis from finding something that may be conceived of as somehow enduring and "real" to the process of dialogic holding. This dialogue involved a quest for intersubjectivity shared between the co-researcher and myself in a moment of time. To that extent this study is as much about how two people understand one of their stories about therapeutic change, as it is about the nature of the change itself. I am saying that intersubjectivity is not a state, but a process. If this is so, how do I differentiate between them? Certainly the point when "the photograph was taken" i.e. the instant when the co-researcher and myself made an agreement is important²⁵. *But what was more important was the dialogue that created that moment*, not least because the dialogue could be continuous, while the moment of intersubjective agreement is fleeting. This process is well illustrated by my later contacts with the co-researchers about preferred anonymity and so on. With each contact the *fluidity* of what we are continuing to create together is affirmed.

²⁵ See Bennett-Levy (2001:207) for a useful analysis of the anatomy of the process in terms of plan-act-reflect. This complements, but does not capture, the contemporaneous intersubjectivity that I am concerned with, however.

This construction of intersubjectivity was complex and took place over time. My quest, like the genesis of this project (see Chapter One) began with a narcissistic response to the story of another. I heard in the encounters with my co-researchers what I *could* hear. For a moment the story I heard became something to do with me, the researcher. The journey from self to other was, however, was in the process of wrestling with the story so that I could re-present it to the storyteller. Then there was the dialogue in which we came to an agreement about how the story could be retold authentically. Here was the moment when a truth was visible to us - in the moment of intersubjectivity.

- *Can a moment of intersubjectivity be of any importance, in research terms to anyone other than the participants in that moment?*
- *Is there a place for individualised research?*
- *How can individualised research escape the fate of being extrapolated?*

A focus on relationship

The process of enabling intersubjectivity has involved a very deep level of "relational" research. This meant that somehow I, as researcher, needed to "hold" the co-researcher during this long and arduous process. I did this, on reflection, not only by *thinking* respectfully about the co-researcher, but

behaving respectfully too. The effort to really hear what they said in response to the first piece of writing, the meticulous obedience to their varying wishes about anonymity, and the "invisible" actions such as keeping records the way they asked, all contributed to this sense of deep trust building. Most of all I needed to trust myself in this process, or I knew I could not continue to hold them. Sennett (2003) maintains that respect is about managing difference. The maintenance of difference in this study was essential, if the stories of others were not to become just part of my own narcissistic concatenation. Maintaining and monitoring of the relationship has resulted in a repositioning of myself as researcher. I have moved from the merely self-referential to the position of the researcher as an involved witness to a continuing drama.

In order to be an involved witness the research encounters needed to be characterised by a relational awareness on my part, whether face-to-face, or by telephone, or by letter or e-mail. Thus in Brentano's (1973) terms, or earlier still in Aristotle's terms (Kockelmans, 1967:32), my "intentionality" was directed beyond even the story or the storyteller towards the research relationship. There was a great deal of attention to what Josselson (1996) refers to as "the space between us". It is that space that enables there to be dialogue. Thus my attentiveness to the dialogue between us (shown in some detail in Exemplary Portraits) engendered a particular kind of trust. This is different in kind, from that elicited by the researcher whose job it is to "do something with the data". It is also distinctive from one in which the researcher attempts either to be invisible, or to be overtly part of the picture

in some participative way (e.g. Marsh, 1977). *The relationship here is a focus of the research* rather than as a necessary but usually extraneous factor.

I also attempt to form this kind of trusting relationship with my future readers. I tell the stories, I say what I have made of the process, and I leave it to the readers to go on respecting these stories, in ways in which I do not seek to control by over-analysing or by categorising in some prescriptive way.

My assertion in this position is very much that "the medium (of the research) is the message" (Toffler, 1970). I am making the claim that this kind of knowing depends on relationship, and the lens of relationship is the only way in which such "personal knowledge," as Polyani (1962) called it can be attained.

The relationship between the co-researcher and myself seems to me to be the bedrock for the moment when new understanding is available. The "Eureka" experience referred to by Moustakas (1990: 9) came for me, not as a result of what he calls "illumination", as by many "I-thou" moments (Buber, 1958) and Rennie (2001b:10) in the process of co-construction. It often came as I travelled in my car, communing with myself and also with my co-researcher as I listened to the tapes of the interviews. So what was discovered was not an essence of any kind of reality, but a sense of presence, a sense of comradeship in a quest to know more about what we think we know. I seem to have taken subjectivity to a level, previously unknown to myself, though the medium of intersubjectivity.

It is the emphasis in this dissertation on the importance of the moment of intersubjectivity that removes the outcomes of this inquiry from modernism to that of post-modernism. Frie (2003b) seems to support this connection between intersubjectivity and a different way of knowing.

For some observers the postmodern notion that meaning is derived less from a single mind than from interdependent relationships implies that theory, research, and practice in psychology must all re-revisited from a postmodern perspective (p.5).

Lyotard (1984) quoted in Crotty (1998: 211) dismisses the grand narrative as a suitable vehicle for experience, and says that what we are left with is a "sense of the unrepresentable". He goes on to say:

"...it must be clear that it is our business not to supply reality but to invent allusions to the conceivable which cannot be presented" (1984:81).

There is a sense in which the relationship I formed, and the moments in which we arrived at a state of intersubjectivity, is indeed unrepresentable. Such is the experience of what remains in the absence of the grand narrative. Yet if that is so, there is still value in the ungeneralisable, since the particular survives and may generate further intersubjectivity with different and unseen co-researchers.

I tend to the view that the personally significant and the significance agreed in the intersubjective moment is perhaps *all there is*. To that degree, I am stretching the phenomenological stance as far as it will go. The issue of whether this is then a communicable experience would need to be tested by response from readers. I hope that this will be so, and that the dialogic moment will roll on through the medium of narratives shared.

As this study evolved, I found the place of narrative had grown. The more I found the need to co-construct in order to embody respect for the co-researcher, the more I needed to rely on narrative itself to be the vehicle of the research. The more I became relational in my stance towards the stories and the storytellers, the more I needed the story to do the "holding" of the research relationship. The goal of this relationship was in the measure of intersubjectivity the co-researchers and I were able to achieve together. In this respect my research is complementary and slightly different from the Florida School exemplified by Ellis (1995), (see also Ellis and Bochner, 1996; Ellis and Bochner, 2000; Ellis and Flaherty, 1992). This present research is *founded* on relationality. It has an express intention to thicken the narrative through relationship and creative interaction with the co-researchers. This work is not primarily auto-ethnography, rather I have used my own experience as a springboard to relationship. My goal is to set up a similar relationship with the reader of this research.

What is being exemplified here in this study is deep relationality in an avowedly heuristic approach, and an attempt to reposition this approach. Although this research is heavily influenced by narrative, its framework of disciplined methodology is not primarily that of the narrative tradition. The existence of more relational approaches in the wider field of narrative is not in doubt (see Richardson, 1985: 1990; Harrington, 1997; Greenwood and Levin, 2000; Greene, 2000).

- *What would be the implications of exploring research as relationship, especially in contrast with the varying truth claims of some objectivist methodologies?*

Thick description and its relationship to narrative and heuristic inquiry - a contiguous relationship?

Concentration on relationship implies a readiness and willingness to accept and embrace what goes with it. In my case, I listened to, and noted the many-layered responses of my co-researchers, and interjected this with my own comments, and then enfolded my own subjectivity into the new story. This results in a rich picture but not easily in a generalisable summary.

Thus far, my use of thick description is similar to that employed by Moustakas in the early stages of his research. I have continued to stay with the whole story way beyond data collection, and right into the outcomes (Chapter Seven). Since I have no intention to find "essence" I have no need to simplify.

It was in Rhiannon's story (see Chapter Five) that I grasped something of the power of narrative to provide an epiphany or the "eureka" moment. A severe breakdown for Rhiannon brought humility, acceptance of others and a kind of self-acceptance that had wide repercussions for herself as a reflective practitioner, and for her clients. The transformative nature of her experience was embedded in the way in which she told the story, and in the changes she experienced as a clinician. In this extract from an interview she begins with herself as a person, and ends with herself as a clinician:

*...and (I am) so much less self-critical.... So much more inclined to support myself and... contain and hold myself... Whereas before I would be flustered and flappy and anxious and sweating and nervous and not knowing what to say not knowing what to do just getting a blank head. It's like I can just slow myself right down and stay steady, stay containing, stay with the client ... It's like ... **the theory and myself have all come together.***

This (emboldened) statement, by Rhiannon, indeed this interview as a whole, was so full of counselling repercussions of the person's life event that it is difficult to take in. When digested, the story is a powerful statement about the relationship of *praxis* to theory.

It seems to me that her response enacts a justification for this kind of narrative approach. Hollway and Jefferson (2000:6) back up their own claim for a narrative approach to evince knowing more about fear of crime. They argue their case for what I have called the "embeddedness" (Chapter Five) of a phenomenon in the individual story:

...we intend to argue for the need to posit research subjects whose inner worlds cannot be understood without knowledge of their experiences within the world, and whose experiences of the world cannot be understood without knowledge of the way in which their inner worlds allow them to experience the outer world.

This analysis helps me to understand why I have needed to listen to the story, which encompasses the phenomenon. It is as if the co-researcher is making a plea, which in this research I have been able to hear, that their way of storying is inherent to all that they are. They are saying that I will not understand what they have to say about my question unless I listen at many levels.

The narrative approach has more than justified itself in terms of the width of the platform the various stories provide in answer to the question: "How have events in your life changed the way in which you work with your clients?" The justification is twofold. One is in the naturalness of the story-response to the question. The other is in the distinctiveness of the response that it facilitates. Both seem to me to be inherent in heuristic inquiry.

My study indicates throughout that narrative can carry more information, more nuances, and more layers than some reductive forms of research. I discovered that the medium or methodology through which I worked had a profound effect on what I discovered, or rather what I *let* myself discover. Narrative turned out to be the medium through which I was able to *hear* more of the co-researcher, and more of myself. More than that, it was the vehicle through which the co-researcher and myself could work out our intersubjectivity, moment by moment. By preserving narrative beyond data collection I have attempted to enhance the fecundity of the heuristic approach.

A liberated form of phenomenology?

Atkinson and Hammersley (1994:258) say that "thick description" favours the cultural explanation of a given construction. Here I was embracing the micro-culture in which the response was set. The answer was inseparable from the story in which it is set. So by accepting this contextual necessity I have loosened phenomenology in practice. While not departing from its tenets in any radical way, at a theoretical level I have attempted to "free-up" its practice in this respect. I have taken seriously its tenet of observing what is available to perception, as a perception. I have also unashamedly encountered my perceived self within that phenomenon. I have attempted here to apply the precepts of phenomenology to the dyadic relationship between the co-researcher and the researcher.

- *What are the ways in which the benefits of thick description, and of embeddedness can be carried into more quantitative methodologies?*
- *What are the other ways of exploring the relationship between theory and praxis?*

Narrative and its hold on me as researcher

I commented at the end of Chapter Seven on the difficulty I had in "grasping the baton " from the co-researchers, and accepting full responsibility for their story, respecting and accepting that it is now my own story. It was at that point that the intertwined nature of the thick description that I had both solicited and contributed *by its very nature* created another story. It is now one that I need to own until it, in turn is passed on to the reader of this script. My study did not begin as a narrative study, but it soon became one. I found that in my efforts to honour the many layers of what I had been told, and then to relate it backwards and forwards in my own subjectivity, it could only reform itself as a story.

- *Is the relationship between heuristic inquiry and narrative sufficiently inherent to justify holding on to the individual story for longer, and perhaps dispensing with the need for outcomes in terms of any generalisations?*
- *Are the rewards of "thick description" so great that it is worth the possible sacrifice of clarity?*

There follows now a discussion, which asks questions about the nature of the profession of therapy and the ways it maintains itself. These questions arise squarely out of the epistemological and ontological issues outlined in the first part of this chapter.

The repercussions of an intersubjective approach for the profession- a wider discussion.

The possible implications of the lack of definition between subject and the object

This study makes the claim that events continue to happen to the therapist post-qualification. These events are often similar to those that happen to their clients. The therapists in this study seem to indicate that they have worked through these experiences in such a way that clients benefit.

The phenomenon of therapists in varying constructions of neediness and trauma in this study begs questions about the traditional distinction between them as professional and the clients they give therapy to. This was so for me too, as I have recounted in Chapter One. Goldfried (2001) captures this phenomenon in his chapter heading "Therapists are simply more human than otherwise".

Lack of definition between the therapist and the client is illustrated by the slippage between subject and object that occurs in the moment of intersubjectivity. The whole structure of how a therapist enters, and equips

herself to stay in the profession, how she defines herself as a professional, and what that means to others is therefore called into question. This section teases out some of the implications of a fuzzy distinction between counsellor and client.

Life events as an educator of therapists

Here are some of the ways, recorded in the previous chapter, that therapists see their clinical work being enhanced by their own continuing life-experiences:

- Change of counselling model, or changes within the model to help the client more
- Responsiveness to clients
- Heightened ethical awareness
- Confidence
- Gratitude to clients
- Helping to bring out in the client what is already there
- Acceptance and being beside a client's pain
- Challenging the client
- Listening and its connections with empathy
- Compassion for the client
- More viable boundaries with the client
- Relationship with the client
- Clinical repercussions of increased humility
- Genuineness and congruence
- Vulnerability which is used for the client
- Holding the client

If such movement in self-understanding, and if clinical *praxis* is possible for the co-researchers in this study, perhaps ordinary life-experience is fertile ground in which professional development can be construed and cultivated? I first address the way in which counsellors conceive of their ongoing development:

- *Can the findings from seventeen people be useful in being more creative and inventive about the servicing of national institutions such as the BPS, BACP and UKCP?*

Continuing Professional development (CPD)

Horton and Varma (1997a:10) make a clear case for continuing professional development for the therapist:

Professional development is not complete at the end of training as a counsellor or psychotherapist. Experienced practitioners recognise the need for ongoing professional development throughout their working lives and the need to establish healthy patterns of personal and professional self-care early in their career (p.10).

They quote Schön (1983), describing the "reflective practitioner" as one who refreshes and replenishes herself. Johns (1997:61) notes that it is

crucial...to differentiate between the need for self-development in order to survive professionally and the need in order to flourish as human being who will then bring more than a minimum to their therapeutic work.

The intention behind this quotation seems to contrast with the rather rigid stipulations of some of the major counselling institutions conceive of CPD, which I have summarised below:

British Psychological Society (BPS)

(2005a)

A minimum of forty hours per year of:

- Post-qualification training courses.
- Received or conferred professional supervision in an area of psychology.

- Presentation or attendance at conferences.
- Research.
- Learning skills and information from others.
- Preparation of new/updated material for teaching, training or publication.
- Attendance at courses according to the individual's needs.
- Peer group discussion.
- Professional committee work.
- Reading.
- Learning from participation in multi-disciplinary meetings and events.
- Personal psychological counselling for professional purposes.
- *Systematic reflection on practice* (this does not, however include systematic reflection on one's own life events).

British Association for Counselling and Psychotherapy (BACP)

(2003)

Thirty hours per year of

- Short Courses and Professional Issues
- Seminars and Conferences
- Study for Further Qualifications
- Encouraging the development of others
- Committee Work/Meetings
- Personal development

(This last category may consist of therapy, groups etc but may also be

"Acquiring knowledge and insights from reading, films, plays" and "time for space and reflection".)

United Kingdom Council for Psychotherapy (UKCP)

(2005).

This is set out in broad principles with the details left to the member "which are likely to be varied, reflecting the diversity of practice modalities within the Council". The Council emphasises "active reflection". It says "CPD is about

moving from passive experience to active attempts to learn from that experience" (p. 2).

It is noticeable that while UKCP encourages reflection as the keystone of all its CPD activities, only the BACP seems to have squeezed in "space" and time to reflect with a fairly heavy emphasis on traditional ways of gaining developmental credits. The BPS also seems to concentrate on reflection on clinical practice, although its widest remit is somewhat encouraging to professionals who are best at developing themselves through reflection, and thus benefiting clients:

CPD is defined as any process or activity that provides added value to the capability of the professional through the increase in knowledge, skills and personal qualities necessary for the appropriate execution of professional and technical duties, often termed competence.

(From BPS website June 2005)

This narrow focus is in contradiction to the insistence of the BPS (2004), that its practitioners should be contextually aware. This is surely a good intention (echoed politically by Kearney (1996) in the title of her book, " Counselling, class and politics - undeclared influences in therapy"). The contexts of the therapist's own life experience should not be ignored in this matrix.

What does this research seem to indicate about the core activity of CPD?

This present research makes a strong case for what Plato, by implication applauds as "The examined life" (Plato's Apology 38a, Goldman, 2004). Most co-researchers in this study seemed to regard their own personal growth and

understanding of their world to be at the heart of their continuing development as a therapist. Almost without exception, the interest of the co-researchers indicates that the white-hot experience of living, especially though the unexpected, has high precedence over the courses that they might take, the committees they may serve on, and in many cases even the supervision or therapy they may attend. This has certainly been my experience too.

Perhaps there can be no education of the therapist that is not in essence about the person of the therapist? Bennett-Levy et al (2001) in Cognitive Behavioural Therapy, (perhaps not the most self-reflective of modalities), notices that where therapists under stress use CBT on themselves, they find that doing so *enhances their understandings* rather than their therapist skills.

The primary importance of processing current life experiences for the changing therapist?

If CPD consisted *primarily* in the therapist's ability to process their experience, the listed requirements of CPD would change radically, but not necessarily entirely. The experiences within this study would suggest that there could be an organic relationship between the life-event and the structures of traditional training.

The experience of professional courses for counsellors has been highly significant in framing the ability to interpret and frame current life experiences for some co-researchers. Tina, for instance, experienced her

tragedy at the beginning of her formal training. Although she does not acknowledge this factor as highly significant in her gradual recovery, it does appear to have acted as a useful backdrop. Christina, who copes with a lot of ill-health, was still significantly "warmed" by her experience of the personal development group. Barbara, Rhiannon and David, all speak with gratitude of their supervision and their therapy, aspects of institutional back up for the therapist.

Yet the most significant idea running through all their work was their individual battle or engagement with the life-event as the chief mover in developing them as people, and thus as possibly more useful therapists. For some like Jane (Chapter Five) the theory of training did not really come alive until the life - event gave vitality and meaning. Jane's story tells the story of the trauma of living alongside a son who is heroin addicted. This is what I wrote to her:

You identify how you could see a change in your counselling. Previously, you say it was more like "I had a series of techniques that I'd learned coupled with my own self being there as fully as it could be in the room". But then your own "Waterloo" intervened. After that, you say "What I think changes things in the room is that having had the level of raw experience that I've had, there's something to do with humility attached to that when I'm with a client". You go on to say "I've more humility because I now know for certain within my own life how hard it gets and therefore I can...be immediately more open to the person, silently, how hard it might be for them".

There seems to be an alternative to serial therapy or mandatory course attendance for counsellors if they are to continue to grow and change. Perhaps the continuous provision of a containing environment in which reflection about themselves as well as about the clients would be more apt.

Even in initial training, reflection on present experience in the light of being beside other people's pain could be the core activity and not an add on. The heart of such an environment would be journal keeping, reflective space, and the intersubjective moment. So would this do away with therapy for the counsellor?

Is it feasible, or desirable, for initial training, and CPD to centre around reflection on the therapist's lives in relation to their clients' lives?

Is therapy- the only answer for personal development for therapists?

The seemingly logical idea that what a therapist needs is therapy when under stress (Horton and Varma, 1997a) is not written in stone. Johns (1997:63ff) outlines a good and balanced argument for the judicious use of therapy by experienced therapists (see also Rowan, 1989:167). There is also considerable current debate about therapists in training having mandatory therapy (Dryden, 1993 especially section (vi); Hammersley, 2002:642; Mearns, 1997; Murphy, 2005). This research confirms the value of therapy for some (see Rhiannon, Jan, Tina and Debbie in Chapters Five and Six), but most did not place a heavy emphasis on its value for their recovery.

The stories recorded in this research seem to indicate that the inclination to see therapy as the appropriate response for therapists facing new challenges is indiscriminating. The stories here give the credit for living something through to the process of living, loving and sometimes hating

although that process is often *assisted* by counselling or psychotherapy. This would perhaps be a less self-conscious and more viable stance in a self-reliant life.

Does this study give sufficient impetus to the suggestion that reflection (whether guided or not) could replace therapy as the main means by which the therapist replenishes herself?

Supervision

The previous chapter reported the different uses of supervision by the co-researchers during their life-event. Wheeler, who explores supervising the "wounded healer", characterises this activity as providing:

...a safety net that affords the client and the public some protection, a safe environment where the countertransference, an unconscious rich mix of therapist and client, can be unravelled and explored.
(Conference proceedings 2004)

Her summary encompasses many of the main supervisory functions, and hints at some of its more creative aspects. Proctor (1989) compiled a more structural account. She suggests that the three main functions of supervision are the normative, formative and restorative functions. The normative function is important in terms of protecting clients from therapists who may be too deeply within their own crisis to be of help to clients. This may be necessary, as in my case, yet, in this study Tina, Ellen, Clare, Rosemary, Fiona and Juliana found indifferent measures that they were able to go on working through most of their crises, sometimes with a sense of greater awareness, and heightened sensibility. Gerson's (1996) illuminating book on

"The therapist as a person" includes a chapter by Barbara Chasen. She went back to work as a therapist *two weeks* after her young son had been killed in a road accident. What evidently was needed here, was not respite, but the ability to live alongside this terrible event. Her own intersubjective positioning changed with her clients.

The co-researchers in this study often refer to the *restorative function*. The role of the supervisor was, for Ellen, an extremely important one in assisting her to stay with her clients during her ongoing crisis. Here the supervisor appeared to act in a joint role as supervisor and as therapist.

- Peter *So in your supervision now...Is there any knitting together... of the work you're doing with your clients... and maybe a crisis with the man (in her personal life)? Or are they observed separately, or is one left behind?*
- Ellen *No, I take all of it to my supervisor, and I think... her accepting... and working with everything um... means that I have... found it more possible, more bearable to cope with myself.*

It is the *formative function* that seems to me to be given a different twist by this research. Proctor is addressing the need to help the counsellor *form* different and perhaps clearer ideas about their clients' material. This research would suggest "formative" might represent something more relational than conceptual.

It seems, from the experience of this research, that the task of the supervisor is to participate in a constantly renewing state of intersubjectivity with the counsellor. Intersubjectivity represents the space in which the client

and the therapist can be "held". It may well be that this sense of relationality and the tussle that arriving for a moment at this state is in itself formative²⁶.

This state of intersubjectivity here depends on a radical acceptance that the supervisor is no more "right" about the way in which the therapist deals with her crisis, in relation to the client, than is anyone else. There is no "objectivity" attached to the supervisor. Rather there are two people in the room attempting to come together in an understanding of what new life incursions bring to the relationship under consideration. It is about engendering intersubjectivity between the counsellor and the supervisor as they reflect on *another* process of intersubjectivity between the counsellor and the client.²⁷

This stance does not do away with responsibility of the supervisor to hold the frame of supervision. It does not imply that both counsellor and supervisor swim in a sea of subjectivity. Barnes has noted:

For people to operate...rationally, they need to have internalised some non-rational commitment to reason (Barnes, 1974:5).

This "paused" position allows the supervisor and supervisee to work in the interplay between the constructed intersubjectivity of their relationship, and an "as if" external world. The structures we agree to so that we can form intersubjective understanding do not rely on the reality of an external world, but do depend on an intersubjective understanding in order to develop

²⁶ Although Stone (2001) notices that intersubjectivity is strewn with misunderstanding, and cites exploration of affect as a potent means of unravelling such disruptions.

²⁷ See also Pearmain's (1999) analysis of supervision as developing another level of consciousness in empathy and intuition.

working parameters for thought and action. For intersubjectivity to work in the supervisory relationship, the new "story" brought along by the incursion into the therapist's life, needs to be witnessed by the supervisor, and re-storied in a way that makes ongoing work possible.

Thus subjective understanding does not stand alone. The therapist in crisis is neither at the mercy of her own subjectivity, nor is she subject only to the rigours of regulation, the pretender to a "real world"'s validity. The supervisor is the "other", the one by whom a modifying intersubjectivity is wrought, and in which process subtle and appropriate action can be taken. Ihde captures just why supervision can work rather beautifully, although he is speaking in a much wider context in his "Introduction to Paul Ricoeur" (1981:xvii)

...the subject, even in the Husserlian sense does not know itself directly. Rather it knows itself only in correlation with and through the mirror of the World. The Other reveals me to myself in a way that radically modifies any naïve or direct self-knowledge.

This subtle approach stands in some opposition to the immutable truths promulgated by the hoops and hurdles associated with professionalisation and regulation. The supervisor's task then is to make anew the counsellor's sense of self in relation to her client, through a newly wrought intersubjective understanding. It is important not to represent this understanding as some kind of solid state, rather it is like another branch of a flowing river, which is in the constant flux of re-formation. It has no connotations of "telling" and little of leadership. Glynn (2004 final paragraph, no page numbers) calls it "re-creation:"

In genuine re-creation, where one forgets oneself, the abandonment of the "self" to genuine communication results in its "re-creation in communion with the world and others", from which reifying self-reflection has misconceived it as separate (emphasis original).

Sometimes the renewed intersubjectivity will lead to the *praxis*. Time off or different support may emerge. But it will then come from a holistic response to the situation, rather than from an exterior authority which is charged with knowing what is required in the "real" world, and where that individual fits in the world.

This research yielded a lovingly described picture of Ellen's supervision, in which the boundaries between supervision were fuzzy. The relationship was one in which Ellen could tend and understand her broken heart in relationship with the supervisor, and in turn in relation to her clients:

She was always very accepting, always listened to me, always helped me, and I think with my clients...She can be like that with me and I can be like that with them.

Ellen elaborated on what supervision is for her in response to a question raised in our first encounter:

As for the "right" therapy or supervision, the reality is that although I may not go about getting what I need in the same way as someone else. I trust myself to learn and grow in a way that sustains me and allows me to continue my work as a therapist. It is sometimes a hard, difficult and painful path to tread being a wounded human being but it is also always a worthwhile, inspiring, humbling and growthful enterprise... I think it's helped me be able to tolerate, and bear myself... my experience, and I think that's helped me to tolerate and bear in turn, because she's (my supervisor) helped me to do that myself, I feel that I can tolerate and bear this in other people.

This is radical and fertile thinking which it may be hard for the profession, as it now is to consider carefully and seriously.

- *What would be the repercussions of the supervision of therapists in the process of change, if the focus of such supervision were to be the engendering of a new intersubjectivity?*
- *Would such a focus necessarily alter the need to act strenuously on some occasions?*

A different understanding of professionalism

This research did not begin with ideas about CPD or about supervision. But March (1984: 91) regards unintended consequences, or what he calls uncertainty and ambiguity, as a normal phenomenon in all areas. This research began as a personal quest but has repercussions into a wider question for me, about not only the detail, but the very nature of professionalism. The practice of therapy, as in all professions, can be seen as contingent upon mystery (House, 2003; Spinelli, 1994; Spinelli, 2001). Part of this arcane quality depends on seeing therapists as in some way "different". My close and relational research involvement with the co-researchers in this study has by the nature of the revelations they chose to make, exposed these therapists first and foremost as people. By my choice to privilege the story in which their professionalism is embedded, the public face of professionalism is de-accentuated. The more visceral roll and rise of living has predominated.

The nature of intersubjectivity, which has come to the keynote of this research, calls into question a binary view of therapists and clients, in which the counsellor gives and the therapist takes. This study showed no support for the idea that client work *automatically* depletes the clinician.²⁸ This lack of depletion was mirrored in my inner relationship with the co-researchers who I never found tiring, nor did I find my passion for the research diminished over five years. Negative notions about the nature of offering therapy may bolster the status of the counsellor as a "tough" professional, in some backhanded way, and it may indeed become "true" if it is said often enough. But this is not what the co-researchers in this study seemed to be saying. Here are some of the ways in which the intersubjectivity engendered between client and counsellor manifested itself.

Gratitude and gratification: an awareness of gratitude to the client

I wondered why, with perhaps one exception, (Rosemary in Chapter Five), life events had not resulted in job burnout, but rather in renewal. Grosch and Olsen (1994:48-49), writing about stressed therapists quoted Ella Sharpe (no date , or reference given). I found her thinking helpful in understanding why such renewal had been possible for most of the co-researchers. When I, in turn wrote an article about envy of the client by the therapist (Martin, 2003) I quoted Sharpe's views on the ways in which the therapist could be

²⁸ In contrast to secondary traumatised.

appropriately gratified within her job. They all relate to the process involved in therapy, and not to the ego of the therapist:

Ella Sharp ...identifies the pleasure available to the therapist from being able to figure out what may be going on in the client's chaos. She goes on to point that there is gratification in the very maintenance of boundaries. A rich source of mature narcissistic reward is in mastering ones own anxieties enough to work with the client. The therapist may enjoy the experience of the rich variety of client material. There is always a great potential satisfaction in the pleasures of discovery and of the unexpected in the counselling setting. All of these rewards, or compensations, are about the process. (p. 114)

On the basis of this study I want to take this one stage further and suggest that the client may indeed provide us regularly, and unfailingly, with the means by which we understand our own lives, problems and changes. This is, perhaps, a radical implication of the weakening of the subject/object divide, both at a philosophical level, and in terms of the common stuff of life. As such, it is a radical extension of Patrick Casement's "On learning from the patient" (1985; also Casement, 2002).

This research suggests that "learning from the patient " is not only about the client, but about the therapist learning for herself, and about herself. The journey in making an intersubjective moment with a client, as in the journey I have made in this study with co-researchers, can be immensely rewarding *if there is something in it for the therapist too*. Even Christina, who construed her experience of illness somewhat negatively (in Chapter Five), gained enormously from her clients. She recognised the value her clients brought to her life. She says without apology "Without counselling my life would be shit."

Counselling as refuge

This gratitude is echoed but in a different way by the co-researchers who found that counselling acted a "refuge" from their present agonies (see Ellen, Jane, Tina and Fiona in Part Two). For each of these people the act of turning their attention to the lives of others gave them a welcome break from their own troubles. This response was well expressed by Ellen, who has no qualms about gratitude towards and even controlled envy of her clients:

One of the things that I've been thinking about and have started writing it down is all the things (I suppose they're gifts really) that my clients teach me, because in sitting and listening to them... and they're very young people... I'm amazed at the times I think..."My God"... you know... "This person's twenty. And they come to you for six weeks or so, then"... you know. There's all sorts of things, they teach me". They give me hope when they do that, and I really take very seriously what they do, and I.... I just think... it's incredible really [laughs].

Offering therapy as a learning experience for the therapist

This study suggests that clients may offer profound learning of a less pleasant kind through seemingly negative responses. Co-researchers who have undergone the threat of disciplinary proceedings report having greatly enhanced ethical awareness. David describes himself as vetting all he did in terms of its ethical content. He says that even though his contracting with clients had always been "tight" (his word), he would now be "even more explicit". Even here, the client has somehow given him something, unwelcome though the experience may have been.

- *Can gratitude and gratification enter the vocabulary of the professional counsellor in a way that can be heard by allied professions?*
- *Can counselling afford to do away with the traditional distinction between therapist and client if it wishes to be taken seriously as a profession?*

The next section examines the background against which questions like these might be asked. Can they even be voiced in an atmosphere that is seeking governance in many directions?

Professionalism - deconstructing the grand narrative?

Lyotard was quoted above in the section on methodology as dismissing the "grand narrative". This research does not generally support or feed neatly into such narratives of professionalism. The "grand narrative" of professionalism is characterised thus:

1. An essential social function is performed.
2. Lengthy period of training and experience is required to enter the profession.
3. Practitioners are service oriented (altruistic).
4. There is official recognition of professional status by the government.
5. The nature of service rendered makes the clients incapable of appraising it.
6. There are standards of competence.

(1971:432)

These so-called "objective" criteria are not represented by the stories told in this inquiry. A rigid understanding of professionalism such as embodied in this list conveys rather *what people should be like* according to an unknown authority if they belong to that profession. Horton and Varma (1997b:14-15) disagree and present definitions of professionalism attuned directly to the therapist.

Some thinkers go further and dispute the very notion of professionalism itself. Spinelli and Marshall (2001) conceive of professionalism in terms of the therapist becoming an embodiment of their theories, a highly individualistic enterprise. Listening to sixteen therapists inclines me, not to look at theory but to engage with the person of the therapist. Focus on the moment of professionalism rather than being concerned to chart the signs and symptoms of it²⁹ seem to produce situational understanding of professionalism. This stance would make for more fluid institutions, which were less sure of themselves, and more subject to fluidity and change. Schön (1983:72) characterises this as "reflecting in practice". This study appears to indicate a notion of professionalism which is in opposition to the current move towards further codification of the counselling world.

²⁹ See Sternberg and Horvath (1999) for a plea for the recognition of "tacit knowledge", (surely a signal of the moment of professionalism) even in the hard-bitten worlds of Law, Military Command, Medicine and Management.

Statutory regulation

There is a wide debate currently about the need for, and the demands of statutory registration for therapists (BPS, 2005c; Department-of-Health, 2005; Van-Scoyoc, 2005). The kind of thinking that I am advancing in this section calls such a new monumentalism into question. What is the credibility of such structures if indeed therapy is on a kind of sliding scale between subject and object? My co-researchers' experience and their stories would suggest that such an adventure in the human spirit is unregulatable.

- *Does intersubjectivity work as a key notion when trying to understand the nature of the professional moment?*
- *Are the grand narratives of counselling and psychotherapy necessary to the maintenance of the activity of counselling, and to the therapist as a person?*

Intersubjectivity and what it has to say to the professionalism debate

The nature of intersubjectivity is related to "Water Logic" and not "Rock Logic"(de-Bono, 1993). It has to do with the logic of perception. The hardening off of professionalism in psychotherapy and counselling may well defeat its *raison d'être* which is relationship. I am reminded of the comment made by Delia when I asked her about her rather eccentric boundaries with her clients. She replied, somewhat abstractedly, but firmly: "Um...the boundary is um... moment by moment... quite literally."

One of the claims of BPS Counselling Psychology is that this branch of therapy is at heart relational, in contrast perhaps to Clinical Psychology.

...Counselling Psychologists recognise the pivotal role of intersubjective experience and collaborative formulation between those participating in deriving understanding and approaches to people's psychological distress, which is often profound...This stance is embodied in the notion of the reflective practitioner, emphasising the joint creation of meaning within the therapeutic alliance. (BPS, 2004:no page numbers)

This emphasis in the rhetoric of a discipline relatively new to Great Britain is entirely in accord with the implications of this study. The narratives recorded in this research may be echoes of the experiences of others. If so there are repercussions for the wider world of counselling and psychotherapy beyond Counselling Psychology.

From discussion to evaluation

This discussion has ranged across both research methodology and the profession of counselling. The value of these discussion points depends, to some degree, on the status and limitations of this study. It is to these issues that I now turn.

Limitations, and identified need for further research

This study has the severe limitation that it depends on my own subjectivity (see section below). It is culturally biased, and is Anglo-centric. It is just a snapshot taken through my lens. As such it is valuable. It does not make truth claims except that it speaks my truth, to the best of my ability. It is

scholarly and it aims to be communicable. It positions itself at the far end of qualitative research.

The discussion chapter, however, has been designed to widen the debate from the introspective to a re-storying by the reader. Perhaps, indeed, one role of heuristic research is to act as an in-depth basis on which other research can be carried out, using a variety of methodologies. The close and personally involved study of a phenomenon may be a very powerful way of "staking out the ground", or to use another metaphor, setting horses running in all directions.

When I gathered together what I thought I had so far learned about my research question (Chapter Seven), these seeming "answers" emerged as *potent areas of further study and investigation*:

- The concern of most of the therapists who told their story, was to get practical things sorted out when crisis hit. It may be that clinical supervisors, or even therapists, are not the most helpful people at this level. Perhaps there is a role for the major professional bodies to break the taboo, and offer an "advice line" to resource therapists in this stage of coping. Maslow's hierarchy of needs would suggest that therapists, like everyone else, put their energy and attention here when in transition.
- There may be a need to alert supervisors to this wider role. So far the profession has become better geared for dealing with the death of a therapist in the provisions of a will (Trayner and Clarkson, 1992), but this does not necessarily sufficiently cater for a profession where a great many people work in lone practice, or in small private agencies.

- There is not enough research into the effects of an unexpected break on clients. Since this is likely to be a reasonably frequent occurrence this needs to be more than ambulance work, and research could indicate how best to optimise this experience for the client.
- The importance of religion and spirituality to several therapists has been demonstrated in this study. There are some important research studies going on, but a focussed study on the conjunction between crisis and spiritual awareness in therapist and in their clients would perhaps be beneficial.

Methodologically there is much room for more investigation of the effect of research upon the researcher, not necessarily only in qualitative fields but also in terms of the impact of quantitative and mixed modality research.

Validity: why the creative synthesis comes after the discussion in this study

The researcher is right inside the research

West claims qualitative phenomenological methodologies "recognise that the researcher is in the field "(West, 1998:60). This inquiry moves the researcher's subjectivity as the main focus for the validity of the inquiry. This may be a suspect strategy but such dangers are ameliorated by what Reason (1994:11) describes as researcher involvement that is "critical, self-aware, discriminating and informed".

Validity as meaning within the intersubjective experience

Moustakas (1990: 32) addresses validity in heuristic inquiry thus:

The question of validity is one of meaning: Does the ultimate depiction of the experience derived from one's own rigorous, exhaustive self-searching and from the explications of others present comprehensively, vividly, and accurately the meanings and essences of the experience? The judgement is made by the primary researcher, who is the only person in the investigation who has undergone the heuristic inquiry from the beginning formulation of the question through phases of incubation, illumination, explication, and creative synthesis, not only with himself or herself, but with every co-researcher.

This inquiry has no composite depictions, does not seek to be comprehensive and makes no claim to have identified "essences". For Moustakas, it would seem that although the process of research is highly subjective, the outcome claims some generalisability, some qualities that relate to the world of positivist research from which he was trying to liberate academic investigation. He supposed that a deep and systematic and disciplined subjective inquiry would lead to the same place as other forms of "objective" research. I cannot, therefore, claim validity on the same grounds as Moustakas does.

My own claim to validity

This research relies for its validity on two important things:

1. The relational nature of this particular research methodology has taken co-construction much further than Moustakas, so the verdict of authenticity of the co-researchers on the material produced in Part Two is very important. The validity is not so much in my ability to portray what

they had originally said, but more in my ability or not to hear what they said in response and to move and change with our dialogue. Validity, at this stage was in the co-researchers' agreement that the narratives represented might go forward into the study (see Appendix Four).

2. The second way in which I claim validity is the extent to which I, as researcher, have managed to articulate my own presence throughout the study, clarifying where I felt I had ownership of the story and where I did not. The ultimate claim is that I validate this research from my ability to show how the research has changed my own subjectivity (Grafanaki, 1996).

The question then arises of just how significant is a change in the subjectivity of a researcher? Such a form of validity may be seen as an appropriate measure for the research question. I asked how changes in a therapist's practice reperculated from a life event. The perceptions of change offered to me were subjective, and so is my perception of the co-researchers' responses to this question. I seek to express subjectively what was offered subjectively, and what I heard subjectively. I have no other basis for any kind of "truth".

A task for the final chapter

I hope that the following creative synthesis is a clear demonstration of how much this study has affected my own subjectivity. This is important, but it is also important to further the heuristic quest by this means. *It is the capacity of this record of the change in my subjectivity, to have an effect on others that*

counts. How much will this record "encourage compassion and promote dialogue" (Ellis and Bochner, 2000: 748)?

The creative synthesis is privileged within the study, by having the last word (in line with the suggestion of Moustakas³⁰ (1990: 31)). The creative synthesis bestows whatever form of validity this kind of research may have. It is to that act of vulnerability that the study now turns to bring about its own conclusion.

³⁰ Although it is worth noting Rogers's (1998:199) caution that the creative synthesis is not meant to be the *final* word (my emphasis). She apparently wishes thus to highlight the ongoing nature of the heuristic quest.

Chapter Nine: Creative Synthesis

Where on earth are you coming from?

*Those bits I actually said which are on the tape...I don't remember.
But, what you actually said, and reflected back...felt absolutely as if
you were connected with me.*

(Two comments on the process of synthesis to me as researcher by
co-researchers on two different return visits)

Purpose

A final step?

Moustakas (1990: 52) describes creative synthesis as the "final step" of the heuristic presentation. After a brief discussion of Moustakas's creative syntheses, I have decided to present my synthesis as *a tribute to subjectivity* having respectfully acknowledged rational discussion in the previous chapter. This present modality is my preferred way of communicating with another set of storytellers. My hope is that these subjective accounts will fire-off another story in its readers.

Creative Synthesis according to Moustakas

Moustakas describes the creative synthesis as possessed of "a wide range of freedom in characterising the phenomenon". The researcher is encouraged to recognise his or her "tacit-intuitive awareness" that has been emerging through the many stages of the heuristic inquiry (1990: 52).

The researcher, according to Moustakas, operates from their whole self, creating "an aesthetic rendition of the themes and essential meanings of the phenomenon". Moustakas (1990: 52) insists, in spite of this holistic engagement that the researcher is a "scientist-artist". Moustakas wants everything: he insists on the researcher's "knowledge, passion and presence" yet also encourages the inclusion of "imaginative and contemplative sources of knowledge".

Moustakas's creative synthesis: towards a kind of essentialism?

Moustakas's own earlier seminal work on the phenomenon of "Loneliness" (1961) illustrates this methodology well. The inquiry includes an autobiographical account of his own experience of loneliness following the discovery that his daughter Kerry had a congenital heart defect. The decision whether to have her operated on or not drove him into an intense sense of loneliness. He describes the stories of others that also had their own experience of loneliness.

He then selects a number of stories of people whom he has not met or interviewed, but who have some degree of fame for their own experience of loneliness. He tells the story, for instance of Admiral Richard Byrd (pp. 63ff) who spent nearly six months alone in Antarctica. He concludes the story, with the following supposition:

Being alone, experiencing deep, raw loneliness helped Byrd find new meanings in old patterns, helped him to evolve a humble set of values. He discovered the obvious - the simple beauty of every living creation in the universe - but he had to live through cataclysmic loneliness, and a totally debilitating illness to see and hear, and feel and touch, and know the sheer beauty and miracle of being alive and being related.

I find myself asking how Moustakas knew this was a conclusion he might reasonably reach for Admiral Byrd (even though he did have Byrd's (1938) writings to consult). This misgiving increases when he finally considers "The loneliness of public life" (pp. 76 ff.). This section appears to be ever more received wisdom, rather than raw exposure to experience. He examines the lives and writings of such people as Abraham Lincoln and Woodrow Wilson. Here the grip of culture as a phenomenon seems to interpose between the researcher and the phenomenon.

There is, for me, something rather sermonic about the conclusions he reached that I find incongruous. When I inquire further into my negative reaction, I find that what I am resisting is some attempt to generalise from a particular example. He suggests, for instance, that Admiral Byrd "discovered the obvious" (1990: 65). I want to ask "Obvious for whom?" This attempt to align this man's experience with some unexamined paradigm smacks of a kind of essentialism that seems to me to rob the heuristic quest of something that the methodology can claim as distinctive. It is hard to maintain the potential of heuristic inquiry.

I come up against the philosophical bedrock of Moustakas's work, which is indeed a kind of essentialism. He talks of discovering themes and "essential meanings" (1990: 52) as if the inquiry were about uncovering some central truth as I have discussed fully in Chapter Three.

There are important repercussions in Moustakas's quest for the essential. When I examine the synthesis at the end of his book "Loneliness"

(1961), I am drawn back again by a sense of loss around the co-researchers' blazing stories, which appear to be reduced to a kind of triviality through the process of generalisation. I find this form of creative synthesis to be incongruent with the individualised stories that have been the source of my inquiry. His final chapter "The Value of Loneliness" (p. 101ff) seems to be an attempt at distillation, when, as I see it, no such essential summary is possible. The result of these highly idiothetic stories is concentrated in phrases which to my ears are somewhat without impact, notwithstanding the loveliness of some of the prose:

To love is to be lonely. Every love eventually is broken by illness, separation, or death...The loneliness quickens love and brings to it new perceptions and sensitivities, and new experiences of mutual depth and beauty. (1961:101)

A different goal for the creative synthesis

I am aware that the implications of this study, outlined in the discussion chapter, may have the same ring to them that I have been critical of in Moustakas. Chapter Eight is also based on opinion about stories. Yet here in the conclusion to the study, I am seeking for the reader to return to subjectivity, to mine and to their own.

The defining difference in what I am calling "relational heuristic research" is subjectivity, a dimension which I wish to preserve. It is the expression of the uniqueness of individual experience. This uniqueness has been approached, explored, and expressed, and eventually shared through the process of intersubjective dialogue. Whereas Moustakas constructs his notion of intersubjectivity in the abstract realm of "essential experience", the

approach I am taking is more dialogical/co-constructional, happening as a process where the co-researchers reach agreement in a moment in time.

Describing my own form of creative synthesis

I am glad now to return to my own subjectivity. I told my own story, I recorded the stories of others in Part Two, but assessing co-researchers' stories in a more conceptual way did not come easy, and was not immediately welcome. I tried to leave the stories behind during "Conceptual Discoveries and Re-storying" (chapter Seven) I realised how hard it was to re-story, to let go of the anchor of *intersubjectivity* and plunge into my own subjectivity (pp. 261 ff). I was quite distressed. Conlan's (2004) work on "The experience of spirituality in daily life," provided me with some kind of "transitional object" (Winnicott, 1953) as I tried to leave behind the comforts of intersubjectivity in order to plunge into my own subjectivity. I wrote the following to him at this time:

I want to "leave" my co-researchers, and to wrap myself in my own subjectivity again, enriched by their stories. But I found myself somewhat guilty in the doing.

I talk first of wanting to desert the stories of others, and then of wanting to cling to them as co-constructed. This swinging reflects my struggle in moving over from the intersubjective, and back to the subjective. It is such a dynamic

between that of self (or selves) and that of others, and then selves with others that characterise my own attempt at a creative synthesis

The nomothetic tone of Moustakas's creative synthesis for me pulls away from the plurality of meanings that any phenomenon can afford. My own study did not produce a uniform idea that life events were by any means "a good thing". Rosemary, for instance, found that her counselling creativity dried up and sadly never returned after her husband died (Chapters Five and Seven). Some co-researchers indeed did report increased humility, for instance (see David and Debbie), yet others like Ieuan were entirely unsure about the impact of an important process upon them. For me creativity involves a place for difference and dissonance, and it is this that I have tried to privilege in my own creative synthesis.

My own creative synthesis in four parts: Outline

My creative synthesis attempts to express the effect on me of the following:

- My response to my own story.
- The experience of the stories of my co-researchers.
- The attempt to create an intersubjective response to all of these stories.

The synthesis is divided into four modes of response because I could not make do with one voice, although all the voices I use are subjective. Just as the stories had affected me at various levels at different times I wanted to reflect what their stories had done to me in at least four modalities. Different

"messages" reached me at different times from each of these stories. The narratives were and are dynamic, so I want to express them in a way that reflects at least some of that versatility. The first part *Narcissus discomforted then freed* is an aesthetic rendering of the effect of witnessing these stories on my own deeper subjectivity. In other words it reflects on the process of being with these stories affected my sense of my self in an avowedly subjective and often allegorical way.

The second section. *Some journeys in my intellect occasioned by this research* is an attempt to record some of the reflexive process that is primarily expressed through my thinking, though often with much emotional cost. It concentrates on what might be called the workings of intersubjectivity. It is still avowedly subjective, in that there is little attempt to validate my journeys with some greater or primarily "outside" authority.

The third section is entitled *A changed subjectivity* and is an attempt to encapsulate these changes in terms of my own interior life. The focus here is back on my changing sense of selfhood occasioned by the study.

The final section looks towards a world in which there may again be an opportunity for intersubjectivity and asks the question "*What do I know differently now and how does that affect my relationship with my clients*". This section consciously shares the space allowed between the story of myself and those of my co-researchers, and is intended to make the products of my subjectivity available to another kind of discourse in a similar but not identical way to the previous chapter.

This whole chapter is a series of causeways between my co-researchers' stories and my own, between intersubjectivity and subjectivity, and then between subjectivity and the wider world of academic discourse. Like crossing the barriers on Scapa Flow, the journey is continuous, but each mass of land has its own history and integrity, joined only by a sense of purpose and many a destination.

1. Narcissus discomforted then freed

(Here my words are directed towards my co-researchers in the plural: this enterprise is necessarily itself narcissistic because the reference to my sense of self is stronger than my representation of the individuality of others. I have conflated the "other" in order to contain them within my sense of who I am.)

Journeying so close to you I was made (a little unwillingly), to draw nearer to your own imagination about yourself. But I comforted myself to begin with by seeing you, as I wanted to. My words and phrases learned from my many "trainings" put all that you told me into little compartments so that I could "understand" you in my own terms.

So it was easy for a while. I could have a take on you as a kind of professional, therapist, researcher, Father Christmas, or beggar - it didn't matter. You were still "other" and I was in myself, responding, judging, sympathising, yes, sometimes hating... but in all seasons still I was other. Often I loved you. Sometimes I felt envious as if you had some precious gift that I wanted. Often I looked upon you as a friend, or as a critic, or even as someone who could take something away from me. Even then I was safe, because you were still other.

I don't usually stay that long with anyone. Not even my friends of many a year have me that close to them. I provide for them, and they for me, selective visions, scenarios where ritual can displace intimacy, and role compliance that keep the boxes intact. But staying close to you made me afraid that I would stop being other. For I am an entertainer, a kind of fairy, a wizard, an Ariel, an ogre, a fleeting might-be-lover, a teacher, a magician. Like all who practice wizardry I am often afraid that my mystique will vanish and I will stand impoverished and visible in the harsh light of true recognition. Staying with you for five long years has been and is terrifying as well as a strange delight, like the dawn which is too cold to enjoy but too beautiful to leave.

When I wrote to you, recalling our encounter in words that were mine, then I was also afraid. When you first told me your story, there were two of us and I was intact because I had a kind of receptive control. All I had to do was to listen, and maybe look wise. Maybe I was wise then, because as the words and the stories left you I knew that the story was yours. But when I needed to make your story part of my own by retelling it, even to you "the veil in the temple was rent asunder"³¹, and we were no longer subject and object but subject and subject. We were Hansel and Gretel, not the witch and the

³¹ A reference to the veil that separated the worshippers' part of the ancient temple in Jerusalem from the "Holy of Holies". See St Matthew's Gospel Chapter 27 v 52

children. The witch was something else.

But not just witches or bereft waifs in the wood. Like the angel and Jacob³², we fought and danced and laughed and trod the shards of misunderstanding while I surrendered some of my defining selfhood, some of my ego, some of my hard-won authority. As we twirled and flew and landed softly upon the sloping stage, there were many moments when the mystic rhythm took over and I forgot that I was ever a lone dancer, and I never remembered that there might be an audience.

Between the acts I retired restlessly to my noisy dressing room. The lights around the mirrors glared and blinded. I was in turns preoccupied then impeded likewise by the clatter and flash of events as they put on, and took off, their make up, chattering maniacally and sometimes weeping. But you never quite went away. I was conscious that you were still creating new stories spun from that which was now part of me, in other theatres.

Then it was time for us to dance together again. I found you, now known, but new. The tempo had changed. So had the scenery and perhaps even the audience we supposed was somewhere out there in the dimmed darkness. I was insouciant and danced unrehearsed but with apparent fluidity. You, of course expected this of me and showed neither anger nor gratitude when I responded with more or less skilfulness to your mutation.

Outside and afterwards, I found my steps still shadowed yours, and I wondered sometimes if yours followed mine at any time. It took me some

³² Jacob wrestling with the Angel of whom he demanded his name in Genesis 32 v 34

other, more strenuous imagination to realise that I was now dreaming and I could weave my own steps alone again.

But I retained some shared movement, some repertoire, some moment of shading history when I had stood on the threshold of your jagged and fantastical world. I tread my way alone, for a while reluctantly, and then find that, without contrivance, I walk with an imported vitality. I am moving into the next encounter, never the same again but energised and saddened, and enriched and puzzled by our encounter. The dance is now mine again, ungoverned by your tragedy, your joy, your aching misery, your courage, your defeat. I am changed as I journey to another place where again I shall cease to be I and for a while become we in the presence of another.

When I think of myself, being together with you was perhaps the hardest thing I have so far done. The possibility of exposure, my responsibility to be a partner in understanding, your occasional anger and insistence that I saw *you*, and not my image of you, and the possibility that you would change me, made this all a risky business. Yet when we got it right, the universe became a different, bigger place, and I, no longer the enslaved Narcissus, gazed at the *your world*, shared for a moment with me. I was uninterested by the pool of mirror-water and knew a kind of freedom.

2. Some journeys in my intellect occasioned by this research: reflexivity in action

The most significant quality of "human beingness" is our ability to think about ourselves, to think about our thinking, to feel about our feelings, to treat ourselves as objects of our attention, and to use what we find as a point of departure in deciding what to do next.
(Rennie, 2001a:2-3).

Nakedness and Narcissism and the mechanics of intersubjectivity

I discovered how much of my role as a therapist shields me from the encounter with another. Although my job is to understand the experience of another person, my role is usually also to facilitate change. I was stripped of this role as a researcher. That made me feel naked and I found it hard to hear stories, often of great suffering without wanting to do something about the pain the co-researcher was recounting. To do the job properly I needed to embrace the fact that I was not there to do anything but to listen actively, and perhaps to ask questions.

Even though I am an experienced therapist the process of the interviews showed some gaps in my ability to reflect feelings and thoughts. This became particularly apparent with some person-centred counsellors I interviewed. They wanted, it seems to me, for me to reflect nothing, which deviated much from what they had themselves said to me. This went one stage further with one person who impressed themselves on my memory. This co-researcher was insistent all the way through that I used almost exactly the words they had themselves used. I felt like an amanuensis, something that I rather objected to. Ancient fears of losing my own identity in the encounter emerged, yet did not conquer me.

I eventually understood that these were the *precise conditions* under which I might be permitted to share in the co-researcher's story. There developed, in many instances, a kind of "permission" for my own reflexivity, or storying to flourish in order, in turn, for it to become part of a combined narrative. The synthesis carried something of each of us, although it was

fundamentally theirs. This co-constructed phenomenon was notable often in the second interview, if I had departed from "reporting" in my response, and took an imaginative leap. I wrote this poem as part of my response to Jane whose son, Andrew's drug habit had drawn her through hell. I wrote it as if I were her:

*I stand alone, in this house bewildered by the size of it all.
They never told me that chaos was built in such massive proportions
Nor that the doorways go on and on all the way to the back of the
building.
That there is more basement and dark cellar than rooms for the living.
They did not know themselves that laundered beds and cosy parlours
are by night,
Full of needles and illegals, and bleeding, and knee-deep in death.*

*I did not know that you, my darling boy, would lead me to such a
house.
I thought your secrets were innocent as your tear-stained face
And that once you lived, you would fill the house with your life.
But not so.
So as it is dear child we must live two lives.
I will visit you in the basement and rock you in my arms
And weep for what might have been.
But I must also ascend by night the stairs to the starlit room
Where I can glimpse the skies and listen to the rhythms of the poets
breathing
Lest in the chamber of your heart I mistake you for me, or me for you.*

*And I must travel out to the world beyond the house, to the Wild Wood
Where I live and breathe my own air and where I tell the earth's
secrets learned of you
And for an instant, understand that the house has many connecting
corridors
And is all home to me.*

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Jane and I were drawn together in the moment, as we looked at the poem together, on the second visit. This is what she said:

*And it's so true that I didn't know that chaos was quite like that. And... the... the way you say about the doorways going on and on, to me. There are corridors and dark, **dark** doorways And somehow...there's this sense of being pulled into it all, which was so bad. And the last part, I don't know the word... portraying the picture, because that is just what it felt like... so many times here.*

Misunderstanding, getting it wrong, narcissistic injury and pain

But, another co-researcher, Rhiannon about whom I wrote, this time in the first person, was initially very angry that I had "prettied up" her harrowing story³³. This was a narrative of psychosis following a nearly boundary-less relationship with her counselling trainer "Trixie". This is how I had written my first piece, after our first encounter. I was speaking as if I were her:

I have been surprised by life. I have been gently amazed at the way in which I catch myself appearing strong. I am treated like a rock when I often feel like a jelly. I am seen as wise and that sometimes amazes me too because I respond with a wisdom within me that I only sometimes know is my own. I am a wise woman, perhaps, but I am also a vulnerable child and it is time that you who look at me see that, for I cannot always see it myself. I thought my trainer Trixie could see that. Surely someone so close to me, someone whom I loved so much could see that I cannot be in control all of the time!

She responded very differently to Jane:

My first response was to feel really indignant um...I felt indignant and my sense was that you were "prettifying" everything, making everything pretty... and ... poetic in a way that... for me, just did not match the rawness and the... bloodiness if you like, of what the

³³ An alternative way of describing the way in which I was attempting to respond to Rhiannon's story is described with precision by Freeman (2002). He describes ways of interpreting "truth" as "Psychoanalytic Poiesis" This is about (among other things) "...the possibility of arriving at words that will somehow be able to articulate, and do justice to the phenomenon being considered." The writer's task is to "find words that will "say something new and valuable, something that moves beyond the cliché, the stale sentiment"(p. 25).

experience was like.... So... my response was to feel... indignant more than angry and felt um... slightly trivialised...

I stayed with this brave and honest and then angry woman. I felt I was encountering what psychodynamic therapists call "narcissistic injury" (Barth, 1988; but see also Mykhalovskiy, 1996 who investigates narcissism in the researcher; and also Stone, 2001). I felt indignant also. My writing had been "misunderstood" even though rationally I was conscious that this person was rightly protecting her own story, and was expressing her own indignation and with due care for me. So I discovered the narcissistic injury was evidently mine, and I needed to feel it. This and other similar experiences seem to result in a deeper understanding of what it costs to be in relationship with people. This is especially so when there is an attempt to communicate about things that are close to the heart.

This experience is the same as what I think I have discovered about intersubjectivity. Intersubjectivity is borne, at any rate in this instance, of pain and of loss, as well as accretion and creativity. The difficult process of finding out where her indignation came from, and of her willingness to hear how I had construed her story, was in itself a testament that intersubjectivity is fundamentally a *process* and not merely an outcome.

This is how the dialogue with Rhiannon continued. She explained how she saw my writing as "poetic":

I've never been interested in poetry...or ...I don't think I speak poetically. .But maybe I've... you've picked something up that I'm not aware of.... Um...So that's a kind of overall thing and... what I....again this is because it's coming from...academically thinking of a different way from where you're coming from.....I wondered... what I said to myself is "Is this all too much for Peter, so he's got to make it all pretty

and nice and poetic because this is too raw for him?"...Was the thought that I was left with, as if perhaps this was banging on something of your own that it was too difficult for you to handle so you needed to make it all very....kind of nice and.....

This was worse and worse. I had perhaps undervalued her experience somehow in her eyes. Yet we stayed with the dialogue and with the difficult feelings, and with the sense that what I had written was somehow "wrong". Gradually there emerged a way that we could both look at my "take" on her story that was less at odds with her own way of being. The key seemed to be where my use of "voice" and metaphor was at odds with her experience as a person. Or perhaps the voice I had used was for her an inappropriate expression of the depth of her experience.

Further, there were some issues that I had just plain misunderstood. For instance I had not appreciated how she had experienced herself with the trainer and with the training group after she decided to tell the group about the many roles she was in with the trainer "Trixie". I had used the metaphor of battle (a "male" metaphor?). My writing suggested she wanted Trixie to be a stretcher-bearer, bringing her safely in from the battle-zone. This was a wrong reading of what she had said to me. This is what she said when I saw her:

Rhiannon *Um... the bit about the stretcher-bearer um... I was interested that you... you took it... or you heard me to say that it was like two enemy lines.*

Peter *You didn't say that. That was my metaphor....*

Rhiannon *Yes, um....*

Peter *Mmh, it's not how it felt?*

Rhiannon *No it didn't feel... like two enemies, it was like I had two bunches of*

friends. I was caught in the middle having had done something ...terribly wrong it's like...my.... trainer/therapist was my ally... my training group were my ally, but somewhere in the middle ... it was me who had..... got it wrong if you like... I was taking the responsibility...I think I said to you it took two and a half to three years for me to shed... responsibility... It was all my fault for what happened, I kept blaming myself for it. So it wasn't so much as I saw them as the enemy... it was much more that... I had set them against each other... in that case ... in a sense... it's more complicated isn't it?

Peter *No. I can hear that.*

Rhiannon *Um*

Peter *It depends when we're looking at it from I was... kind of writing this as you.... in (year)looking back... and I do understand, I think that contemporaneously you had a sense that somehow it was all your fault.*

Rhiannon *Absolutely.*

Peter *Or completely your fault....*

Rhiannon *Yeah.*

I now understood! She was telling me that the issue for her was responsibility, not a need to be rescued, as I had inaccurately constructed, She was telling me that this feeling was still very much with her, even if it was now only a vivid historical memory. I had misconstrued her experience, and it seemed best just to accept that.

It would seem that it was my willingness to be "corrected", or to make some kind of internal adjustment, that was important in our reaching an intersubjective state where misunderstanding could become a stronger understanding. Such ability as I had to hear about Rhiannon's "frame" as well as her willingness to understand the genre in which I could express my own selfhood in response were necessary conditions (Rogers, 1957) for such a

development on intersubjectivity to occur. This "will to hear" resulted in enough meeting of minds or intersubjective space for there to be born a third understanding of what had happened between us. But it was painful. It seems to me that this process needs to be painful. The building of intersubjectivity involves the loss of an egoistic stance in which one's own view of the world is pre-eminent. She approved the depiction that appears in Part Two, with few alterations. We had managed an understanding.

Secondary traumatising

There was more pain involved in this study than I had expected. I had spent twenty-five years or so listening to painful stories and I thought that I could cope. Yet the intense engagement with the stories, the lack of clinical supervision, and the length of time that I spent "immersing" myself in the stories took their toll. Eventually I realised that without my protective therapeutic shield, I was suffering a degree of "secondary traumatising" as Post-Traumatic Stress theorists call it (Remer and Elliot, 1988; Turner, 2000). In my own case I found myself unable to sit at the word-processor for more than a few minutes when, for instance, I was writing the story of the repercussions from the death of Lisa, Debbie's little girl. It was as if I were living this event out in some way. I wrote this to Debbie. It hurt me very much to write it, but I was aware how important such response seemed to be:

Lisa never had a chance to live. Lisa never had a chance to fight for her life. Lisa had very little time to live in her own little body...Rational or not, you felt guilty for allowing the life support machine to be turned off. You needed time to explore the "what ifs" and for you to enter again the possibilities that a few more moments or a few more real decisions would have given you and your little girl.

I needed to admit to myself that writing like this did cost something, but it was my body that insisted on my reaching this realisation. I felt that in the interests of transparency I should tell Debbie that this had been my experience of writing. This admission, she said, was what had moved her most of all in my written response.

But in the telling, words got in the way and we also struggled to understand each other for a while. I referred to these personal difficulties about writing in response to the first interview, and she thought that I meant that I found it *difficult to be with her* in the first interview:

Debbie *And then... the last bit ... the impact on you um.... And I was...I did want you to know ...that I was really warmed by the sensitive way you wrote that story... And it's impact on you and... overall feeling it made me ... very well and I didn't actually sense your initial struggle...in trying to engage with my pain and...I think.... Why I think that was, not because... you were sort of ...it was more probably because I was struggling with myself.... Because I was going to tell somebody who was a stranger, something about me...*

Peter *When I was here I didn't have the difficulty.*

Debbie *Oh right.*

Peter *No, it wasn't while I was here.... I didn't have that sense... I thought...I didn't feel it at all.*

Debbie *That's probably why I didn't sense it then...*

Peter *No it was when I came to listen, it was a parallel of your keeping on bringing it back... and each time I put the tape on... it was like....well, you did, when you said "No I must look at this again, No, I must look at this again, No I must look at this again"....*

Debbie *mmm.*

Peter *No that's where the struggle was.... not when I was with you.*

- Debbie *Oh, I get you... now yes, I get you... mmm... so... um....I was touched as well by your honesty about initially ... wanting to engage and...It's almost the way you worded that and said it to me....and... you're absolutely right, in the early days I also didn't want to engage with the horror of my story, if you like um... tried to put it under the carpet... you know [laughs] I couldn't bury it. I think I also mentioned just at the beginning.... that I'm confused here... about how my story might impact on other people... um you know, my book coming out... and also my experiences of telling people...People almost like.... recoil....feel uncomfortable...what to say to me... and I'd end up saying, "You know I'm OK, really I'm OK" and I wasn't but it was something around ... awareness that my story had this impact on other people.*
- Peter *Is it like...is how it was for the holocaust.*
- Debbie *Mmm.*
- Peter *Because you know, when they told people ...they didn't want to know....*
- Debbie *Yeah...mmm.*
- Peter *You know that they had all these stories....*
- Debbie *Unimaginable.*
- Peter *Unimaginable horror which they somehow felt they were damaging people.*
- Debbie *That's the word... that is the word yeah.... I was conscious "Am I damaging someone by telling you?"*

This so-called misunderstanding, or what others might call "parallel process" (Stoltenberg and Delworth 1987: 106) was in my opinion saying something more about the process of intersubjectivity. The confusion was not confusion. For one moment we had both stumbled upon *the pain of the situation*, and we both, it seems, felt revulsion at the pain, and its possible effects on others. Later, as the excerpt shows, we sorted out who had to hold each part of the pain, but for a moment it was both of ours.

The potential for hurt and for conflict was manifestly there, within this situation, but without us both taking that risk there could not have been emotional intersubjectivity. Intersubjectivity here involves not only struggle with each other, but also struggle *with the phenomenon itself*.

Witnessing in the narrative tradition

I got enough distance from what I have called secondary traumatisation (Etherington, 2000: 111) by talking with my research supervisors, and by occasionally taking it to therapy. But I do not regret this brush with being overwhelmed. The process of working with co-researchers suggests that using different voices, making "mistakes", a willingness to experience a degree of secondary traumatisation are necessarily entailed in being a witness. Here in the research and clinically in my practice as a therapist there is no room for the comfortable distinction made between empathy and identity (Howard-Hassmann, 2002; Ridge et al., 2002). This bifurcation or conceptual division appears to have been constructed precisely to provide comfort when no such comfort is inherently possible.

Any comfort that comes from such separation into different loci does not seem to me to be borne out in any "frontier" work in establishing a deeper kind of empathy. Work at the edge seems to involve the pain of recognition. The story must have an impact on the listener if any form of "witnessing" in terms of a "definitional ceremony" (Myerhoff, 1986) is to take place (Russell and Carey, 2003). Without such a "witness" there cannot be the moment of recognition and the flash of identity, which it appears, is the process of the

formation of empathy. The subject: object construction of empathy as represented by Egan (1975:99) appears to me to be suspect. Although his model of advanced empathy indicates the helper leaning towards the client, it implies a highly binary dyad:

"Even when helpers see the world from their client's point of view they often see it more clearly, more deeply, more cogently. They not only understand the client's perspective, but also see the implications of this perspective for effective or ineffective living" (p.166)

This "seeing as if" stance of Egan and his followers (see also Toris, 1994 for empathy as a decoding process), does not accord with my experience with my co-researchers. The moment when intersubjectivity seemed to occur that I encountered has more in common with Vischer (1872) where subject and object are fused in the experience of empathy³⁴. The idea that we may regress to a developmental stage in which identification in the Eriksonian sense (1950) as explored by (Kasar and Muscari, 2000) is also congruent with my experience with the co-researchers. I would tend to *privilege* the stage of identification, as being necessary to be a witness, although I too recognise that continuous identification is not the same as empathy. I would describe my fecund encounters as ones in which the process of drawing towards and drawing away allowed for moments of identification which were then held in tension by withdrawal and reflection.

³⁴ This for me is a transpersonal experience, although it does not pass the six tests of such an experience, as suggested by Valle and Mohs (1998:100-101).

Encouraged compassion and dialogue?

My stated goal when I began this study (p. 45) was "to increase compassion and promote dialogue" (Ellis and Bochner, 2000: 748). Dialogue is well evidenced. This study certainly has encouraged my own sense of compassion. Looking at this study as a process rather than as an outcome, it appears also to have released compassion in some or all of my co-researchers. Certainly the discussions and workshops at which the research has been a topic have promoted dialogue (see Appendix Six). There has been a fair response to publications, and my research process has been a significant factor in the University teaching that I now do. Mostly, however, this work will be read rather than heard. Gergen's (2003) persuasive idea about "Writing as relationship" gives me hope that this writing can continue the holding relationship for enough time for another story to begin. My own journey began with Etherington's (2000) heuristic study. Her work started a six-year journey for me that has not yet ended.

3. A changed subjectivity*A movement towards others*

At the end of this long study (it took over five years because I was also working full time) I am a different person. I would have been changed anyway since I have five more years' experience of life, and my body is older, and the zeitgeist has changed around me. Yet this particular strand of those five years, the travelling that I did alongside my co-researchers' stories has also changed my own subjectivity in ways that are distinctive.

I am slightly surprised by one realisation that my sense of self has been changed. The first mutation was in the movement from my initial concern about the meaning of my own breakdown in terms of my life, and in terms of my clinical work. My focus changed from this introspective preoccupation, towards a deeper fascination and even absorption into the stories of the other people.

I lost the intensity of interest in my own initial story once I had written it. It is as if it became only a coat-hook on which I could hang the stories of these sixteen other people. Then I became interested in the garments themselves, and finally forgot that there was a coat-hook underneath them. My interest in my own story became so suffused by the narratives of others, by my attempts to comprehend them both emotionally and intellectually, and often the sheer courage of the storytellers, that my own story found its place out of eyesight. I do not think that I am discounting my own misery, or even my own courage and resilience, and perhaps my failures. I am simply rescued by perspective. My story became another story, this time including the stories of others.

So I came to a different perspective about my own story. This was partly because of my intense engagement with the stories of others but also partly because the methodology forced me to look at how perspective is gained. As a person who considers himself to be primarily an "arts" person, I was fascinated in my early journeys into positivistic science to be pointed towards the illumination that comparison can bring. I found impressive the insights that comparing control groups could afford (e.g. Durkheim's classic

1897 suicide studies (published 1951)). In a much more personal and highly subjective way I found I could only know more of myself and my many layers by *comparison*. In order for the comparison to be operational, I had to leave myself for a moment to go towards my comparators. Only then in the moment of identity could I also know my difference and then again my commonality.

I think that I can usually now see my own experience as part of a whole. I find the whole much more interesting than the part, and that realisation has the quality of moving my life on. Perhaps that is one of the functions of storytelling? Maybe the telling of the story and the sharing of stories "around the campfire" is a way of persuading the idiosyncratic within experience to assume a meaning that is more universal? Perhaps, in Jungian terms (1963:163) the job of story telling is to re-place the story in the collective unconscious, if there be such an entity?

Working through

While one aspect of my journey was to lead me away from concern about my sense of self to a position where I could gaze at the wider world, another level of the journey led me back to a different sense of myself. I feel suspicious now of a static notion of self. Giddens (1991) alerted me to the realisation that my sense of self had always been unitary, and dominated by the "markers" that society appears to set as milestones. Perhaps a PhD was one such milestone? The other possibility is that this structural functionalist view of education where the qualification is seen as an "apprenticeship for research" was soon dispelled (Zeegers and Barron, 2000).

Instead I had a somewhat grandiose view of writing a magnum opus, but this also evaporated on contact with the doctoral programme. But what has happened is that my view of myself from the inside was challenged. I had relied on an "outside in" model to inform my construction of self. It was based somewhat on the idea that I was managing a kind of masquerade as hinted at in the first section of my creative synthesis (see pp. 313ff). The act of dialogic encounter inherent in the methodology I had selected interrupted this construction, however. One of the advantages of qualitative research over many forms of enquiry seems to me to be in the way that the moment with the other can be "paused", and examined and pondered upon (see for instance in Ellis's (1995) account of a death deconstructed and reconstructed). This is how that "pause" effect worked for me.

My interviews with co-researchers were all recorded. Since I travelled a lot in my part-time job then as a freelance consultant, I listened to the tapes as I drove. Listening to each of them many times I began to predict what I would hear next. I squirmed sometimes when I predicted an unhappy interpolation by myself. I gradually worked through some of my projections on some of my co-researchers' stories, until I was able to "hear" better the person behind the story. I learned to tolerate the way in which they told their stories, even though I of course wanted them to tell the story as I would have, with one part of me.

An additional sense of self

During the time I was digesting this experience, Kim Etherington invited me to write a short section for her book on "Becoming a reflexive researcher" (Etherington, 2004). This is part of what I wrote:

Driving in my car, listening to tapes of the fifteen people I had interviewed again and again has been a saga of small discoveries. I remember driving in Wiltshire, when I discovered that a woman I once could only relate to as a helpful informant, gradually indeed became a fellow traveller. She and I were slowing down for yet another traffic calming scheme. Her voice was playing loudly above the surface noise and I found I was still "conversing" with her. (p. 229)

The conversation was certainly one in my head, but it did feel somehow "real" and as if I were simply carrying on the dialogue. I was able to realise that she would not necessarily be agreeing with me, but that we would be working at a continued and ever changing response to the world as we found it.

This dialogic continuance, however, led me on still further. It was in the same journey on that dark evening that I remember my mind allowing another insight that somewhat changed my view of myself. I quote again from the article:

Then there was another epiphany, this time about me. As I listened and I listened, I was aware of wondering "Who is that disciplined, skilled and kindly man enabling people to speak so eloquently about their lives?" Of course intellectually I knew it was me, but in that moment and subsequently, the self that I saw as me and the abused part who I had seen as an impostor became one entity. I no longer needed the metaphor of charade. What I heard was for real, and it was me (p. 229).

It seemed that I was able to hear, perhaps for the first time, another version of myself, which the exterior vantage point that I had for so long

espoused had prevented. In this piece of writing I earlier called it "charade" but post-modernist thinking allows me to think of it as one of the many presentations of the self (Goffman, 1959) that is equally authentic. An important feature of this realisation was that I was able to *welcome* and recognise this presentation of myself as part of a genuine array of responses to intimate situations. This was an outcome of this work, a result of the struggle to enter the process of intersubjectivity, effulgence, rather than a goal.

Myself and others: vulnerability on the edge of the outer world

I found that some people had a different felt experience of speaking, and of reading their stories in cold print. The "did I say that?" syndrome was not only accompanied by incredulity, but sometimes by fear that they might be misunderstood by peers, or an eventual readership. Some, perhaps for other reasons were very insistent that the temporal order of the events in the story was correct, and this seemed more important than the content sometimes. One person was quite severe with me about some such inaccuracies, and only at the end did she say that she had been very moved by my portrayal of her dreadful experiences. Her last words are "I appreciate it, and think you have done a fine job - very sensitive".

Once more I see examples of the battle between the constructed outer world and the inner one, shared with me as the researcher. Writing this chapter carries me to that same place. If I tell a kind of truth about my own experience of subjectivity, how will it be judged by the outer world that does

not share my constructions? I first encountered Mykhalovskiy's (1996) attempts to get his inner voice heard in Etherington (2000: 258). I noticed the way in which he felt his own work was confused with self-indulgence, and I felt some fear. The end result is a compromise, but what is not ever established is any categorical role distinction between the co-researcher as person, and the co-researcher as therapist. Like my co-researchers I explicate my life with vulnerability as a condition of that explication, not a warning against it. This changes the way that I see myself, not as a potential victim, but as one who knowingly pays his dues and collects his bonuses: the product of many aspects of self. In Winifred Holtby's (1936) insightful novel of the contours of public life in the 1930s "South Riding" she quotes at the beginning a Spanish proverb that encapsulates what I think I am learning about vulnerability and my subjectivity. The proverb is short and simple: "Take from life what you will, (says God). Take it - and pay for it" (my brackets).

Resignation about lack of control over the ripple effect of my story, or the story of others

Another fundamental change within the way that I construe myself is in a gradual acceptance of lack of permanence. This was born of my changing responses to the conversations that I heard again and again on tape. There was no linear progression along a kind of continuum, but rather I construed my co-researcher and their story in a way that was dependent on my mood,

my demeanour, where I had just been, or where I was going. Abandoning objectivism if it is even possible is often alarming!

The other side of the fear induced by lack of permanence is the excitement of randomness. I was surprised and exhilarated when I discovered the many different ways in which the events the co-researchers described affected the rest of their lives. I was reminded of chaos theory (Cambel, 1993), and the random effect of an event on subsequent concatenations of circumstance. Two people have died since I began this study. I was gently taken aback at how much this affected me. For Delia, it was a repetition of the illness described in her interview that killed her. Death is an extreme ripple, but like all other repercussions it creates its own stories to us all as bystanders.

Some people tell me that they have gone on living through the echoes of their events, gently forgetting that the event occurred most of the time; Iuan the priest mostly lives as if he has not had the experience of near exclusion. Others live dreading a re-occurrence of the story like Fiona, and Jane whose sons are addicted to heroin, and whose experiences refuse to put them into the realm of the past.

I wonder if this experience in some way replicates the many sided response of readers or listeners to stories. My previous work with young children in primary schools would indicate to me that a child listens for what he or she *needs that day* in a story, and is rightly indignant if any story is misread, or the details are changed. This change in the story perhaps, brings in too many variables, and the story loses its stabilising effect. It may

be that when this work is published, or if it is read as a dissertation, the effect will be different for anyone reading it. I see my own story and the story of the other people as rather like a spent arrow. Once it is fired, the archer loses control of what becomes of it. This kind of helplessness is difficult for the researcher who may sometimes long for the controls of a more positivistic approach where the targeting is more accurate and the destination of knowledge may have a more predictable outcome.

This lack of permanence became apparent not only in my own construing, but in that also of my co-researchers. I had to find a way of dealing with the temporal gap between my first and my second interview with the co-researchers. Co-researchers often expressed doubt about what I reported they had said in a previous encounter. I was sometimes tempted to retort "Yes, you did say that" and perhaps produce the evidence from the transcript. Fortunately I refrained from doing this. Sometimes they were right in terms of facts. Sometimes even if I appeared to have remembered the facts accurately, I found I had interpreted "accuracy" very narrowly, and had transposed what they had said into something that I *thought* they had said. A more patient response, however, allowed them, and me to reflect on the way in which their remembered response depended very much on its place in our conversation, and in their own emotional and intellectual priorities at each point of remembering.

Making sense of this experience of dissonance created much more scepticism within me in relation to my own subjectivity. I had somehow managed to construct a view of my own subjectivity, as continuingly "right" in

its own terms, whereas what I thought of as "fact" became mutable when new data arrived. This idea of "trusting yourself" and your own experience is much favoured in humanistic personal growth ideas (see Bohart, 1993), yet my own research process has come up with a less safe container. My own experience now suggests that we only ever hold what we know up to a prism for a moment, the way in which the image is analysed or separated is of that moment only. Harder psychological evidence around witness statements (Parker and Brown, 2000; Shaw et al., 1997) would support this unstable view of human construction and of memory. My experience in this study would suggest that such instability is found throughout "subjective" experience as well. In turn that very experience is also subject to question and to mutation.

4. So what do I know differently now, and how does that affect my relationship with my clients?

About my own experience of breakdown

I know that my own experience of a kind of humiliation or powerlessness in the face of my breakdown and all it subsequently meant for my practice, is just another experience. I have for the period of this study, pitched this re-examined experience in with all the others. What has come out at this end is

- a way of accepting that it did happen
- knowing that it wasn't remarkable except to me, and to those around me
- appreciating that it was just another slice of life.

I know that my breakdown didn't necessarily denote the failure of my model as a therapist, my training, my supervision, or of my own psychodynamic therapy. "Breakdown", as I described it, meant only that that is where I had arrived in my life. Just that. Neither do I look at it as some kind of crowning or redemptive experience. It was just another expression of my current state that could either stop me in my tracks, or occasion high drama. Or it could be experienced as something, which was somehow to be incorporated into my life, both as an individual and as one who lives his life with others. Perhaps, I can borrow the words of Jane, whose life became so hard when her son's addiction was persistent and chaotic. She said:

I've more humility because I now know for certain within my own life how hard it gets. And therefore I...can immediately be more open to that person, silently, about how hard it might be for them. I think that's it. And the change there is to do with no longer feeling that I'm likely at times because of their darkness being too dark for me, to leap into trying to repair that in any way. I don't have to do that now, it can be that dark... And that difficult because I know how difficult it is. Whereas before I only had a dim idea of how difficult it was.

There was another opportunity for humility (as opposed to "*folie de grandeur*") referred to by Bayne (1997:212) in an accompanying demonstration of my ordinariness in crisis. My high estimation of my commitment to other people was proved to be just a construct, capable of deconstruction in the event of breakdown, and depending on something else I called "mental health". Commitment was not somehow inherent in my character as a person. My own personal sense of emergency preceded my role in my clients' lives. My clients had to be "seen to" in some way, to be ethically catered for, but like my co-researchers, in the main, my own

emergency preceded theirs. My selfhood was more complex than I had been able to comprehend, or handle before this event.

This encounter with myself and with other people has brought about some changes in the way in which I organise my thinking, and my response to such phenomena. Caught as we are on some kind of gaming table, we yet retain some control, and find ways to wrest meaning from the phenomenon. This process has enabled me to grapple more with what some people call "maturity" (Erikson, 1950). This quality is variously defined, but importantly for me is about incorporating new subjective data without undue denial or emotional somersaults.

The co-researchers' stories, and particularly their reported response to their stories, stand for me for the possibility which all of the storytellers explored in one way or another. They all tried to make sense of their experiences, first of all in terms of their own lives, but also in terms of their relationality with their clients. It would seem as if for the, as for me, it was their relationship with their sense of self, and with the world of other people that reperculated on their work with clients.

In some sense this study suggests to me that all therapy, or perhaps all change is a philosophical change. For each of these people, their world somehow changed and so their ways of relating changed too.

My self as a person: myself as a therapist

There is for me inescapable implication of this study: that there is no way in which they or I can separate lives into that of professional and of private

person. The sociological concept of roles (Linton, 1963) is a comforting one, and provides ways of deeply analysing and operationalising aspects of human behaviour. Yet it seems to be to be a reified concept. It exists as a construct but not as a phenomenon.

The breakdown in roles is illustrated in two ways. As I have reported in Chapter Two, I found great resistance in most of the co-researchers to privilege their clinical experience over that of their story as it stood for them. I also met with some resistance when I made my second contact with the co-researchers. Almost everybody wanted to update me on the story, or to tell another story. It seems to me that the story has pre-eminence always, and that what others may want to do with a story is always a kind of secondary preoccupation for the storyteller. They effectively refused the role of research participants and became instead true co-researchers insisting on the primacy of their story. Role was unimportant as a primary way of identifying themselves at any rate to my co-researchers.

There was another example of the unity of experience, defying the idea of roles. Many co-researchers said that the first visit was "therapeutic" (see Chapter Four). I had been conscious in my attempt not to be like a therapist, but to be like researcher of a certain kind, yet the use the person made of me was often experienced as therapeutic. Etherington (2001) has asked the question whether any interview conducted by a therapist, can ever be other than therapeutic. The answer in this experience for me is "no". A binary sense of self as a person and as a therapist is unsustainable.

It is also true that some co-researchers said that they had had some difficult repercussions from discussing their trauma. Jane, for instance, said that she had had some "flashbacks", which she had needed to deal with by using her considerable personal resources. She, like the others, acknowledged that I had prepared her for this, and there was no sense of reproach. I suppose for her, it was the cost of telling the story. She and others said that they had felt very cared for by me. I see this as a further example of my primary responsibility as a person in relationship, rather than as a person acting into a role.

The impact of this study on me as a person, as a researcher, and as a clinician

The impact of this study has been to diminish the subject/object distinction at a philosophical level for me, but now also at an interpersonal level. I remember one astute workshop participant in Bristol at the Seventh Annual BACP Research Conference in 2001 responding to my outline of my research by observing that it was all about questioning professional mystique. She had seen an outcome of my research that I had not yet identified but which I have now briefly explored in Chapter Eight. Fresh from these encounters with my co-researchers, my present sense is not the need to de-professionalise the therapy, but rather to attempt to *re-humanise* what it means to be a person who happens to be a professional. This study has increased my hold on the dignity of human experience. It leads me to want to

magnify the possibilities of that experience without unnecessary and perhaps unhelpful distinctions as to role.

In practical terms it has meant that I now find myself simply in relationship with my clients. This is reflected in my move away from a strictly psychodynamic model to a more pluralistic integrative or eclectic model, heavily influenced by narrative approaches (see Palmer and Woolfe, 2000; Payne, 2000; White and Epston, 1990). I certainly have a training, and therefore some skills which may not be expected from a layman, but these are not privileged above and beyond my sense of commonality. I tend to dis-privilege distinctions between us as human beings, while keeping intact the notion that I am there for them in this time and place.

Conclusion

I wrote this poem to try to capture something of the journey towards others and theirs towards me that this study has represented to me. I dedicate it to my fellow journeyers, be they friends, enemies, lovers, clients, co-researchers, students, supervisors:

*Let us go, just you and me
Down to the woods and the wind-blown sea
Let us dance, and sing, and weep
Share our hearts as the shadows creep
Towards the time when me and you
Are I and thou, and others too.*

(Peter Martin 2005 ©)

Peter Andrew Martin, Summer 2005, Southampton.

BIBLIOGRAPHY

- (1971). *Encyclopaedia of education*. New York: Macmillan.
- ANTONAS, V. (2003). The effects of bereavement on psychotherapists and their client work. *AHPP Conference*, Regents College, London
- APPLETON, G. (1985). *Oxford Book of Prayers*. Oxford: OUP.
- ATKINSON, P. & HAMMERSLEY, M. (1994). Ethnography and participant observation. In *Handbook of Qualitative Research*, ed. N. K. Denzin & Y.S.Lincoln. London: Sage.
- BACP. (2003). Annual reaccridation/registration Rugby: BACP.
- . (2005). Ethical framework for good practice in counselling and psychotherapy: BACP.
- BALINT, M. (1968). *The Basic Fault*. London: Hogarth.
- BARKHAM, M. & BARKER, C. (2003). Establishing practice-based evidence for counselling psychology. In *Handbook of counselling psychology 2nd edition*, ed. R. Woolfe, W. Dryden & S. Strawbridge. London: Sage, pp. 93-118.
- BARNES, B. (1974). *Scientific knowledge and social theory*. London: RKP.
- BARTH, F. D. (1988). The role of self-esteem in the experience of envy. *American Journal of Psychoanalysis*, 48 (3):198-210.
- BAYNE, R. (1997). Survival. In *The needs of counsellors and psychotherapists*, ed. I. Horton & V. Varma. London: Sage, pp. 183-213.
- BEAUCHAMP, T. L. & CHILDRESS, J. F. (1989). *Principles of biomedical ethics*. New York: Oxford University Press.
- BECKER, J. (1993). *The experience of psychiatric nurses coping with stress at the workplace*, Unpublished doctoral dissertation - The Union Institute. Unpublished.
- BENNET, G. (1987). *The wound and the doctor, healing, technology and power in modern medicine*. London: Secker & Warburg.
- BENNETT-LEVY, J. (2001). *The value of self-practice of cognitive therapy techniques and self-reflection in the training of cognitive therapists*, Southern Cross University. Unpublished.

- BERGER, P. L. & LUCKMANN, T. (1967). *The social construction of reality: a treatise in the sociology of knowledge*. Garden City: Anchor Books.
- BETHGE, E. (1970). *Dietrich Bonhoeffer - a biography*. London: Collins.
- BION, W. R. (1970). *Attention and interpretation*. London: Tavistock.
- BLYLER, N. (1998). Taking a political turn: the critical perspective and research in professional communication. *Technical Communication Quarterly*, 7 (1):33-52.
- BOHART, A. C. (1993). Experiencing: the basis of psychotherapy. *Journal of Psychotherapy Integration*, 3 (1):51-67.
- BOICE, R. & HERTLI, P. (1982). Do psychologists practice what they teach? *Teaching of Psychology*, 9:2:86-88.
- BOND, T. (2000). *Standards and ethics for counselling in action*. London: Sage.
- . (2002). Private correspondence: Characteristics of constructivism. P. Martin
- BPS. (2000). *Code of conduct, ethical principles and guidelines*. Leicester: BPS.
- . (2004). *Regulations and syllabus for the qualification in counselling psychology*. Leicester: BPS.
- . (2005a). CPD recording and planning and recording system: BPS website.
- . (2005b). Professional practice guidelines Leicester: BPS.
- . (2005c). Statutory regulation - some questions answered. *The Psychologist*, 18 (4):238.
- BRAUD, W. & ANDERSON, R., Editors (1998). *Transpersonal research methods for the social sciences-honoring human experience*. London: Sage.
- BRENTANO, F. (1973). *Psychology from an empirical standpoint*. London: Routledge and Kegan Paul.
- BRIDGMAN, P. (1950). *Reflections of a physicist*. New York: Philosophical Library.
- BUBER, M. (1958). *I and thou*. New York: Scribners.
- BUGENTAL, J. F. T. (1964). The person who is the psychotherapist. *Journal of Counselling Psychology*, 28 (3):272-277.

- BURSTON, D. (2003). Psychoanalysis and subjectivity in the work of Erich Fromm. In *Understanding experience - psychotherapy and postmodernism*, ed. R. Frie. London: Routledge, pp. 161-177.
- BYRD, R. E. (1938). *Alone*. New York: G.P.Putnam's sons.
- CAMBEL, A. B. (1993). *Applied chaos therapy: a paradigm for complexity*. San Diego CA: Academic Press.
- CARR, S., Editor (1974). *The poetry of cats*. London: Chancellor Press.
- CASEMENT, P. (1985). *On learning from the patient*. London: Routledge.
- . (2002). *Learning from our mistakes - beyond dogma in psychoanalysis and psychotherapy*. London: Brunner-Routledge.
- CASEMORE, R., Editor (2001). *Surviving complaints against counsellors and psychotherapists*. Ross-on-Wye: PCCS.
- CHARMAZ, K. (2000). Grounded theory, objectivist and constructivist methods. In *Handbook of Qualitative Research 2nd Edition*, ed. N. K. Denzin & Y. S. Lincoln, London: Sage pp. 509 - 536.
- CHASEN, B. (1996). Death of a psychoanalyst's child. In *The therapist as a person*, ed. B. Gerson. London: Analytic Press, pp. 3-20.
- CHATMAN, S. (1993). *Story and discourse: narrative structure in fiction and film*. London: Cornell University Press.
- CLANDININ, D. J. & CONNELLY, F. M., Editors (1994). *Personal experience methods: Handbook of qualitative research*. London: Sage.
- CLARK, J. (1988). Duet: the experience of the psychologically androgynous male. *Dissertation Abstracts International*, 49 (235B):235-8.
- CLARKSON, P. (2002). *The transpersonal relationship in psychotherapy*. Chichester: Wiley.
- CLOUGH, P. (2002) *Narratives and fictions in educational research*. Buckingham: Open University Press.
- CLOUGH, P. & BARTON, L. (1998) *Articulating with difficulty: research voices in inclusive education*. London: Paul Chapman.
- COLSON, D. B. (1995). An analyst's multiple losses: countertransference and other reactions. *Contemporary Psychoanalysis*, 31 (3):459 - 478.
- COLTART, N. (1992). *How to survive as a psychotherapist*. London: Sheldon.

- CONLAN, D. (2004). *The experience of spirituality in daily life; a heuristic investigation*, University of South Australia. Unpublished.
- CORSINI, R. J. & WEDDING, D. (1989). *Current psychotherapies*. Itasca Illinois: F.E. Peacock.
- COUPE, A. (1999). *What is the extent of the relationship between personal therapy issues and the therapeutic work of the psychotherapist?* MA in Integrative psychotherapy, Sherwood Psychotherapy Training Institute, University of Derby. Unpublished.
- CROSSLEY, N. (1996). *Intersubjectivity, the fabric of social becoming*. London: Sage.
- CROTTY, M. (1998). *The foundations of social research - Meaning and perspective in the research process*. London: Sage.
- CRYER, P. (2000). *The research student's guide to success*. Buckingham: Open University Press.
- DARE, F. (1997). Stress and the personality of the psychotherapist. In *Stress in psychotherapists*. London: Routledge.
- DE-BONO, E. (1993). *Water logic*. London: Viking.
- DENZIN, N. K. & LINCOLN, Y. S., Editors (1994). *Handbook of qualitative research*. Thousand Oaks, CA: Sage.
- , Editors (2000). *Handbook of qualitative research*. London: Sage.
- DEPARTMENT-OF-HEALTH. (2005). Open letter to professional organisations within counselling and psychotherapy. *Counselling and Psychotherapy Journal*, 16 (3):24.
- DESCARTES, R. (1977). *The essential writings*. Translated by J. J. Blom. New York: Harper and Row.
- DEUTSCH, J. J. (1985). A survey of therapists personal problems and treatment. *Professional Psychotherapy : Research and Practice*, 16:305 - 315.
- DILTHEY, W., Editor (1976). *Selected writings 1833-1911*. Cambridge: Cambridge University Press.
- DRYDEN, W. (1993). *Reflections on Counselling*. London: Whurr.
- DURKHEIM, E. (1951). *Suicide, a study in sociology*. Translated by J. Spaulding. Glencoe, Illinois: Free Press.
- EGAN, G. (1975). *The skilled helper - model, skills and methods for effective helping*. Monterey, Ca: Brooks.Cole Publishing Co.

- ELLIOTT, D. M. & GUY, J. D. (1993). Mental health professionals versus non-mental health professional : childhood trauma and adult functioning. *Professional Psychology, Research and Practice*, 24:83 - 90.
- ELLIS, C. (1995). *Final negotiations - a story of love, loss, and chronic illness*. Philadelphia: Temple University Press.
- ELLIS, C. & BOCHNER, A. P. (1996). *Composing ethnography - alternative forms of qualitative writing*: Alta Mira Press - Division of Sage Publications.
- . (2000). Autobiography, personal narrative, reflexivity: researcher as subject. In *Handbook of qualitative research*, ed. N. K. Denzin & Y. S. Lincoln. London: Sage, pp. 733-768.
- ELLIS, C. & FLAHERTY, M. G., Editors (1992). *Investigating subjectivity*. London: Sage.
- ERIKSON, E. H. (1950). *Childhood and society*. New York: Norton.
- . (1959). Identity and the life cycle: selected papers. *Psychological Issues*, 1 (1).
- ETHERINGTON, K. (2001). Research with ex-clients: an extension and celebration of the therapeutic process. *British Journal of Guidance and Counselling*, 29 (1):5-19.
- . (2004). *Becoming a reflexive researcher*. London: Jessica Kingsley Publishers.
- FELTHAM, C. (2004). One more time....what is supervision? *British Association for Supervision and Research*, Strawberry Hill, Twickenham
- FINE, H. J. (1980). Despair and depletion in the therapist. *Psychotherapy Theory, Research and Practice*, 17:15 - 28.
- FOLLETTE, V. M., POLUSNY, M. M. & MILBECK, K. (1994). Mental health and law enforcement professionals: trauma history, psychological symptoms, and the impact of providing services to child abuse survivors. *Professional Psychology; Research and Practice*, 25:275-282.
- FORREST, L., ELMAN, N., GIRAZA, S. & VACHA-HAASE, T. (1999). Trainee impairment: a review of identification, remediation, dismissal and legal issues. *Counselling Psychologist*, 27 (5):627-686.
- FRANK, A. W. (1995). *The wounded storyteller, body, illness, and ethics*. Chicago: Chicago Press.

- FRAZIER, P. & SCHAUBEN, L. (1994). Causal attributions and recovery from rape and other stressful life events. *Journal of Social and Clinical Psychology* (13):1-14.
- FREDERICKSON, J. (2003). The eclipse of the person in psychoanalysis. In *Understanding experience - psychotherapy and postmodernism*, ed. R. Frie. London: Routledge.
- FREEMAN, M. (2002). The burden of truth : psychoanalytic poesis and narrative understanding. In *Strategic narrative - new perspectives on the power of personal and cultural stories*, ed. W. Patterson: Lexington Books, pp. 9-27.
- FREIRE, P. (1972). *Cultural action for freedom*. Harmondsworth: Penguin.
- FREUD, S. (1966). *Introductory lectures on psycho-analysis 1916-1917*. London: Hogarth.
- FRIE, R. (2003b). Between modernism and postmodernism: rethinking psychological agency. In *Understanding experience*, ed. R. Frie. London: Routledge.
- GARFINKEL, H. (1967). *Studies in ethnomethodology*. Englewood Cliffs: Prentice Hall.
- GARNETT, A. (1995). *Deceived with kindness*. London: Pimlico.
- GEERTZ, C. (1973). Thick description: towards an interpretative theory of culture. In *The interpretation of cultures : selected essays*. New York: Basic Books, pp. 3-32.
- , Editor (1983). *Local knowledge: further essays in interpretive anthropology*. New York: Basic Books.
- GENDLIN, E. (1962). *Experiencing and the creation of meaning*. Chicago: Free Press.
- GERGEN, K. J. (2003). Writing as relationship. In *Social structures and aging*: <http://www.swarthmore.edu/SocSci/kgergen1/web/page.phtml?id=manu17&st=manuscripts&hf=1>.
- GERSON, B. (1996). The therapist as a person: introduction. In *The therapist as a person*, ed. B. Gerson. London: Analytic Press.
- GIDDENS, A. (1991). *Modernity and self-identity : self and society in the late modern age*. Cambridge: Polity Press.
- GILBERT, M. & SHMUKLER, D., Editors (2002). *Psychological therapy in groups - theoretical framework: Handbook of Counselling Psychology*. London: Sage.

- GIVELBER, F. & SIMON, B. (1981). A death in the life of a therapist and its impact on the therapy. *Psychiatry*, 44 (5):141-149.
- GLYNN, S. (2004). Identity, intersubjectivity and communicative action: <http://www.bu.edu/wcp/Papers/Cult/CultGlyn.htm>.
- GOFFMAN, E. (1959). *The presentation of self in everyday life*. Harmondsworth: Penguin.
- GOLDFRIED, G. R., Editor (2001). *How therapists change - personal and professional reflections*. Washington DC: American Psychological Association.
- GOLDMAN, H. S. (2004). Re-examining the examined life in Plato's apology of Socrates. *The Philosophical Forum*, 35 (1):1-33.
- GRAFANAKI, S. (1996). How research can change the researcher: the need for sensitivity, flexibility and ethical boundaries in conducting qualitative research in counselling/psychotherapy. *British Journal of Guidance and Counselling*, 24 (3):329-338.
- GREENE, J.C. (2000) Understanding social programs through evaluation: In *Handbook of Qualitative Research 2nd Edition*, ed. N. K. Denzin & Y. S. Lincoln London: Sage pp.981-1000
- GREENWOOD, D.J. & LEVIN, M. Reconstructing the relationships between university and society through Action Research. In *Handbook of Qualitative Research 2nd Edition*, ed. N. K. Denzin & Y. S. Lincoln London: Sage pp.981-1000
- GROSCH, W. N. & OLSEN, D. O. (1994). *When helping starts to hurt - a new look at burnout among psychotherapists*. New York: Norton.
- GUBA, E. G. & LINCOLN, Y. S. (1989). *Fourth generation evaluation*. Newbury Park CA: Sage.
- GUY, J. D. (1987). *The Personal life of the psychotherapist*. New York: Wiley.
- HABERMAS, J. (1970). A theory of communicative competence. In *Recent sociology*, ed. H. P. Dreitzel. Boston: Beacon Press.
- HAMMERSLEY, D. (2002). Training and Professional Development in the Context of Counselling Psychology. In *Handbook of Counselling Psychology*, ed. R. Woolfe, W. Dryden & S. Strawbridge. London: Sage, pp. 637-655.
- HAMMERSLEY, M. & ATKINSON, P. (1983). *Ethnography*. London: Routledge.

- HARRINGTON, W. (Editor) (1997). Prologue: the remembering of the tribe. In *Intimate journalism: the art and craft of reporting everyday life*. Thousand Oaks, CA: Sage : xvii-xlvi
- HAWKINS, P. & SHOHE, R. (1989). *Supervision in the helping professions - an individual, group and organizational approach*. Milton Keynes: Open University Press.
- HELLMAN, J. D., MORRISON, T. L. & ABRAMOVINTZ, S. I. (1987). Therapist experience and the stresses of psychotherapeutic work. *Journal of Psychotherapy*, 24 (2):171 - 177.
- HEPPNER, P. P. (1989). Chance and choices in becoming a therapist. In *On becoming a psychotherapist*, ed. W. Dryden & L. Spurling. London: Routledge.
- HERTZ, R. (1997). Introduction: reflexivity and voice. In *Reflexivity and voice*, ed. R. H. (ed). Thousand Oaks CA: Sage.
- HILTON, R. (1997). Sexuality in the Therapeutic Process. In *Therapists at Risk: Perils of the Intimacy of the Therapeutic Relationship*, ed. E. Hedges. New York: Jason Aronson.
- HOLLWAY, W. & JEFFERSON, T. (2000). *Doing qualitative research differently: free association, narrative and the interview method*. London: Sage.
- HOLMES, T. H. & RAHÉ, R. H. (1967). The social readjustment rating scale. *Journal of Psychometric Research*, 11:213-18.
- HOLTBY, W. (1936). *South Riding*. Glasgow: Collins.
- HORTON, I. & VARMA, V., Editors (1997a). *The needs of counsellors and psychotherapist*. London: Sage.
- , Editors (1997b). *The needs of counsellors and psychotherapists*. London: Sage.
- HOUSE, R. (2003). *Therapy beyond modernity: deconstructing and transcending profession-centred therapy*. London: Karnac.
- HOWARD-HASSMANN, R. E. (2002). *Identity, empathy and international relations*, McMaster University. Unpublished.
- HUNOT, V. & ROSENBACH, A. (1997). A profile of counsellors working in non-statutory alcohol services. *Counselling Psychology Quarterly*, 10(3):299 - 308.
- HUSSERL, E. (1931). *Ideas: general introduction to pure phenomenology*. London: George Allen and Unwin.

- . (1970). *The crisis of European sciences and transcendental phenomenology - an introduction to phenomenological philosophy*. Translated by D. Carr. Evanston: Northwestern University Press.
- IHDE, D. (1981). *Introduction to Paul Ricoeur hermeneutics and the human sciences*. Cambridge: CUP.
- JACKSON, S. (1996). Review of New foundations for scientific social and behavioral research: the heuristic paradigm by K. Tyson (1995) Needham Heights: Allyn & Bacon . *British Journal of Social Work*, 26 (6).
- JACOBS, M. (2003). Challenging the stereotype: the psychoanalytic therapist's use of self. *BPS Psychotherapy Section Newsletter*, 34 June 2003:15-28.
- JAMES, D. C. (1984). Bion's "containing" and Winnicott's "holding" in the context of the group matrix. *Group Psychotherapy*, Apr 34 (2):201-13.
- JOHNS, H. (1997). Self-development: lifelong learning? In *The needs of counsellors and psychotherapists*, ed. I. Horton & V. Varma. London: Sage.
- JOSSELYN, R. (1996). *The space between us : exploring the dimensions of human relationships*. London, CA: Sage.
- JOSSELYN, R. & LIEBLICH, A. (1995). *Interpreting experience: the narrative study of lives*. London: Sage.
- JOURARD, S. (1971). *Self-disclosure: an experimental analysis of the transparent self*. New York: Wiley-Interscience.
- JUNG, C. G. (1963). *Memories, dreams, reflections*. London: Fontana Paperbacks.
- KASAR, J. & MUSCARI, M. E. (2000). A conceptual model for the development of professional behaviour in occupational therapists. *Canadian Journal Occupational Therapy*, 67 (1):42-50.
- KEARNEY, A. (1996). *Counselling, class and politics - undeclared influences in therapy*. Manchester: PCCS Books.
- KIRKWOOD, C. (2003). The persons-in-relation perspective: towards a philosophy for counselling in society. *Counselling and Psychotherapy Research*, 3 (3):186.
- KITCHENER, K. S. (1984). Intuition, critical evaluation and ethical principles: the foundation for ethical decisions in counselling psychology. *Counselling Psychologist*, 12:43-55.

- KNIGHT, J. A. (1986). The religio-psychological dimension of wounded healers. In *Psychiatry and Religion : Overlapping Concerns*, ed. L. H. Robinson. Washington, DC: American Psychiatric Press, pp. 34 - 49.
- KOCKELMANS, J. J., Editor (1967). *Phenomenology*. Garden City, NY: Doubleday.
- KOHUT, H. (1977). *The restoration of the self*. New York: International Universities Press.
- KRIEGER, S. (1985). Beyond subjectivity - the use of the self in social science. *Qualitative Sociology*, 8 (4):309-324.
- KUHN, T. (1970). *The structure of scientific revolutions*. Chicago: University of Chicago Press.
- LABOV, W. (1972). The transformation of experience in narrative syntax. In *Language in the Inner City*, ed. W. Labov. Philadelphia: University of Pennsylvania Press, pp. 354-396.
- LEES, J. (1999). Reflexive action research : developing knowledge through practice. In *Clinical counselling in context*. London: Sage.
- LEVI-STRAUSS, C. (1966). *The savage mind*. Chicago: University of Chicago Press.
- LINCOLN, Y. S. & GUBA, E. G. (2000). Paradigmatic Controversies, contradictions, and emerging confluences. In *Handbook of qualitative research 2nd edition*, ed. N. K. Denzin & Y. S. Lincoln. London: Sage, pp. 163 - 186.
- LINEHAN, M. M. (1993). *Skills training manual for treating borderline personality disorder*. London: Guilford Press.
- LINTON, R. (1963). *The study of man*. New York: Appleton-Century.
- LIPP, M. (1980). *The bitter pill - doctors, patients and failed expectations*. New York: Harper Row.
- LOEWENTHAL, D. & SNELL, R. (2003). *Post-modernism for psychotherapists - a critical reader*. Hove E. Sussex: Brunner-Routledge.
- LUCKMANN, T. (1978). *Phenomenology and sociology - selected readings*. Harmondsworth: Penguin.
- LUFT, J., INGHAM, H. & ALTO, P. (1969). *Of human interaction*. California: Mayfield.
- LYOTARD, P., Editor (1984). *The postmodern condition: a report on knowledge*. Minneapolis: University of Minnesota Press.

- MACKAY, F. (2004). Sacred stories: counsellor passion narratives. *10th Annual Counselling and Psychotherapy Research Conference*, London
- MACKAY, H., WEST, W., MOOREY, J., GUTHRIE, E. & MARGISON, F. (2001). Counsellors' experiences of changing their practice: learning the psychodynamic-interpersonal model of therapy. *Counselling and Psychotherapy Research*, 1 (1):29-40.
- MAEDER, M. (1989). Wounded healers. *The Atlantic Monthly*, Jan 1989:37 - 47.
- MAIR, M. (1989). *Between psychotherapy and psychology: a poetics of experience*. London: Routledge.
- MANICAS, P. T. & SECORD, P. F. (1995). Implications for psychology of the new philosophy of science. In *New foundations for scientific social and behavioral research - the heuristic paradigm*, ed. K. Tyson. London: Allyn and Bacon.
- MANNHEIM, K. (1936). *Ideology and Utopia : an introduction to the sociology of knowledge*. New York: Harcourt, Brace & World.
- MARCH, J. G. (1984). Theories of choice and making decisions. In *Organizations - cases, issues, concepts*, ed. S. B. Rob Paton, Roger Spea, Jake Chapman, Mike Floyd, John Hamwee. London: Paul Chapman Publishing Ltd in association with The Open University.
- MARSH, P. (1977). Football hooliganism: fact or fiction? *British Journal of Law and Society*, 4 (2):256-259.
- MARTIN, P. (1997). Counselling skills for managers in the public sector. In *Handbook of counselling in organisations*, ed. M. Carroll & M. Walton. London: Sage.
- . (2001). The therapist as a person. *Counselling and Psychotherapy Journal*, 12 (10):10-12.
- . (2003). Lopsided loving: envy and gratitude inside and outside the therapeutic relationship. *Journal of the Psychology and Psychotherapy Association*, 3 (2).
- . (2005). Sturdy roots for the graceful Eucalyptus. *Counselling Psychology Quarterly*, 18 (3).
- MASLOW, A. (1966). *The psychology of science*. New York: Harper and Row.
- MASLOW, A. H. (1943). A theory of human motivation. *Psychological Review*, 50:370 - 396.

- MEARNS, D. (1997). Achieving the personal development dimension in professional counsellor training. *Counselling (BACP)*, 8:113-120.
- MENDELSON, E. M. (1996). More human than otherwise: working through a time of preoccupation and mourning. In *The therapist as a person*, ed. B. Gerson. London: Analytic Press.
- MERLEAU-PONTY, M. (1962). *Phenomenology of perception*. London: Routledge and Kegan Paul.
- MILGRAM, S. (1963). "Behavioural study of obedience". *Journal of Abnormal and Social Psychology*, 67:371-378.
- MILLER, A. G. (1986). *The obedience experiments : a case study of controversy in social science*. New York: Praeger.
- MISHLER, E., Editor (1986). *Research interviewing: context and narrative: The narrative study of lives*. Camb. MA: Harvard University.
- MOUSTAKAS, C. (1961). *Loneliness*. Englewood Cliffs, New Jersey: Prentice Hall.
- . (1972). *Loneliness and love*. New Jersey: Prentice-Hall.
- . (1988). *Phenomenology, science and psychotherapy*. Sydney, Nova Scotia: Family Life Institute, University College of Cape Breton.
- . (1990). *Heuristic research*. London: Sage.
- . (1994). *Phenomenological research methods*. London: Sage.
- MOUSTAKAS, C. & DOUGLASS, B. G. (1985). Heuristic inquiry - the internal search to know. *Journal of Humanistic Psychology*, 25(3):39 - 55.
- MURPHY, D. (2005). A qualitative study into the experience of mandatory personal therapy during training. *Counselling and Psychotherapy Journal*, 5 (1):27-32.
- MYERHOFF, B. (1986). Life, not death in Venice. In *The anthropology of experience*, ed. V. Turner & E. Bruner. Chicago: University of Illinois.
- MYKHALOVSKIY, F. (1996). Reconsidering "table talk", critical thoughts on the relationship between sociology, autobiography and self-indulgence. *Qualitative Sociology*, 19 (1):131-151.
- , Editor (1997). *Reconsidering "table talk", critical thoughts on the relationship between sociology, autobiography and self-indulgence: R. Hertz (ed) Reflexivity and Voice*. London: Sage.
- NIGHTINGALE, D. J. & CROMBIE, J., Editors (1999). *Social constructionist psychology*. Buckingham: Open University Press.

- NORCROSS, J. C. & PROCHASKA, J. O. (1986). Psychotherapist heal thyself - The self-initiated and therapy-facilitated change of psychological distress. *Psychotherapy*, 23:345 - 356.
- NOUWEN, H. J. (1972). *The wounded healer*. New York: Doubleday.
- ORLANS, V. (1993). The counsellor's life crisis. In *Questions and answers in Counselling in Action*, ed. W. Dryden. London: Sage.
- PAGE, S. (1999). *The shadow and the counsellor*. London: Routledge.
- PALMER, S. & WOOLFE, R., Editors (2000). *Integrative and eclectic counselling and psychotherapy*. London: Sage.
- PARK, J. (1998). *Shrinks : the analysts analyzed*. London: Bloomsbury.
- PARKER, A. D. & BROWN, J. (2000). Detection of deception: statement validity analysis as a means of determining truthfulness of falsity of rape allegations. *Legal and Criminological Psychology*, 5 (2):237-259.
- PARKER, I. (2000). Obedience. *Granta*, 71, Autumn.
- PATTON, M. J. & MEARA, N. M. (1992). *Psychoanalytic Counseling*. Chichester: Wiley.
- PAYNE, M. (2000). *Narrative therapy - an introduction for counsellors*. London: Sage.
- PEARLMAN, L. A. & SAAKVITNE, K. (1995). *Trauma and the therapist - countertransference with incest survivors*. London: Norton.
- PEARMAIN, R. (1999). What do we mean by developing empathy and intuition? *Counselling and Psychotherapy Journal*, 10 (1):45.
- PEILE, C. (1995). Research paradigms into social works : from stalemate to creative synthesis. In *New foundations for scientific social and behavioral research - the heuristic paradigm*. Boston: Allyn and Bacon.
- PERSONS, R. (1990). Psychotherapist and widower. *The Psychotherapy Patient*, 6 (3/4):71-80.
- PHILLIPS, A. (1988). *Winnicott*. London: Fontana Press.
- PITTOCK, T. D. (2000). *Its more than talk! - experiences of the impact of the therapeutic alliance upon the counsellor*, Bristol University M.Sc. Dissertation. Unpublished.
- POLANYI, L. (1985). *Telling the American Story : a structural and cultural analysis of conversation storytelling*. Norwood N.J. . Abbey.

- POLANYI, M. (1962). *Personal knowledge*. Chicago: University of Chicago Press.
- . (1964). *Science, faith and society*. Chicago: University of Chicago Press.
- . (1966). *The tacit dimension*. Garden City NY: Doubleday.
- . (1969). *Knowing and being*, ed. M. Grene. Chicago: University of Chicago Press.
- POPE, K. S. & FELMAN-SUMMERS, S. (1992). National survey of psychologists sexual and physical abuse history and their evaluation of training and competence in these areas. *Professional Psychology Research and Practice*, 23:353 - 356.
- PROCHASKA, J. O. & NORCROSS, A. J. C. (1983). Psychotherapist's perspectives on treating themselves and their clients for psychic distress. *Professional Psychology Research and Practice*, 14:5:642-655.
- PROCTOR, B. (1989). Supervision : a co-operative exercise in accountability. In *Enabling and ensuring*, ed. M. Marken & M. Payne. Leicester: National Youth Bureau.
- REASON, P. (1994). *Participation in human inquiry*. London: Sage.
- REASON, P. & ROWAN, J. (1981). *Human inquiry. a sourcebook of new paradigm research*. Chichester: Wiley.
- REMER, R. & ELLIOT, J. E. (1988). Characteristics of secondary victims of sexual assault. *International Journal of Family Psychiatry*, 9:373-387.
- RENNIE, D. L. (2000). Anglo-North American qualitative research. *Psychotherapy Research*, 14 (1):37-55.
- . (2001a). *Person-centred counselling - an experiential approach*. London: Sage.
- . (2001b). The client as a self-aware agent in counselling and psychotherapy. *Counselling and Psychotherapy Research*, 1 (No. 2):82-89.
- RICHARDSON, L. (1985) *The new other woman: contemporary single women in affairs with married men*. New York: Free Press
- . (1990). Writing strategies: reaching diverse audiences *Qualitative research methods Vol. 21. A Sage university paper* Newbury Park: California

- RIDGE, S., CAMPBELL, W. & MARTIN, D. (2002). Striving towards an understanding of conscious identification: its definition and its effects. *Counselling Psychology Quarterly*, 15 (1):91-105(15).
- RIGAZIO-DIGILIO, S. A. (2000). Relational diagnosis: a co-constructive-developmental perspective on assessment and treatment. *Journal of Clinical Psychology*, 56 (8):1017-1036.
- RIPPERE, V. & WILLIAMS, R. (1985). *Wounded healers : mental health workers' experience of depression*. Chichester: John Wiley.
- ROGERS, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21:95-103.
- , Editor (1969). *Towards a science of the person: Readings in humanistic psychology*. New York: Macmillan.
- , (1980). *A way of being*. Boston: Houghton Mifflin.
- ROGERS, W. (1998). Reader-interactive creative synthesis. In *Transpersonal research methods for the social sciences - honoring human experience*, ed. W. Braud, R. Anderson. London: Sage, pp. 188-201.
- ROWAN, J. (1981). A dialectical paradigm for research. In *Human Inquiry*, ed. P. Reason. & J. Rowan. Chichester: Wiley, pp. 93-112.
- , Editor (1989). *A late developer: On becoming a psychotherapist*. London: Tavistock/Routledge.
- RUSKIN, D. (2002). *A candle for Lisa*. Hebden Bridge, West Yorkshire: Pennine Pens.
- RUSSELL, S. & CAREY, M. (2003). Outsider witness practices: some answers to commonly asked questions. *International Journal of Narrative Therapy and Community Work*, 1:3-17.
- SANDLER, J., PERSONS, E. & FONAGY, P. (1991). *Freud's "On Narcissism": An Introduction*. New Haven/London: Yale Univ. Press.
- SCHÖN, D. (1983). *The reflective practitioner*. New York: Basic Books.
- SCHÜTZ, A. (1967). *The phenomenology of the social world*. Vanston, Illinois.
- SENNETT, R. (2003). *Respect in a world of inequality*. London: Norton.
- SHAW, J. S., GARVEN, S. & WOOD, J. M. (1997). Co-witness information can have immediate effects on eyewitness memory reports. *Law and Human Behaviour*, 21 (5):503-523.

- SHERWOOD, P., COWAN, E. & TAGAR, Y. (1999). The spiritual conditions for adult development in counselling training. In *HERDSA Annual International Conference* Melbourne:
<http://www.herdsa.org.au/branches/vic/Cornerstones/pdf/Sherwood.PDF>.
- SHILLITO-CLARKE, C. (2003). Ethical issues in counselling psychology. In *Handbook of Counselling Psychology 2nd edition*, ed. W. D. Ray Wolfe, Sheelagh Strawbridge. London: Sage.
- SILBERBERG, M. (1995). *On the death of my father : a psychoanalyst's memoir*. UK: Edwin-Mellen Press.
- SKOVHOLT, T. M. & RONNESTAD, M. H. (1995). *The evolving professional self : stages and themes in therapist and counselor development*. Chichester: Wiley.
- SMITH, M. J. (1998). *Social science in question*. London: Sage.
- SPEEDY, J. (2000). White water rafting in cocktail dresses. Ways of working with personal contributions to and from counsellors' lives within the narrative therapies. An introduction to 'taking it back practices' and 'remembering conversations'. *Counselling and Psychotherapy Journal*, 11 (10).
- SPINELLI, E. (1994). *Demystifying therapy*. London: Constable.
- . (2001). The psychotherapist's magic feathers. *Counselling and Psychotherapy Journal*, 12 (6):6-9.
- STERN, D. (1985). *The interpersonal world of the infant - A view from psychoanalysis and developmental psychology*. New York: Basic books.
- STERNBERG, R. J. & HORVATH, J. A. (1999). *Tacit knowledge in professional practice*. New Jersey, USA: Lawrence Erlbaum Associates Ltd.
- STEVENS, R. (1990). Humanistic psychology. In *Introduction to psychology*, ed. I. Roth. Hove: Psychology Press/Open University, pp. 417-464.
- STOLTENBERG, C. & DELWORTH, U. (1987). *Supervising counsellors and therapists : a developmental approach*. San Francisco: Jossey-Bass.
- STONE, W. N. (2001). The role of the therapist's affect in the detection of empathic failures, misunderstandings and injury. *Eastern Group Psychotherapy Society*, 25 (1-2):3-14.
- STRAUSS, A., & CORBIN, J. (1990). *Basics of qualitative research: grounded theory, procedures and techniques*. London: Sage.

- SUGARMAN, L. (1996). Narratives of theory and practice : the psychology of life-span development. In *Handbook of counselling psychology*, ed. R. Woolfe & W. Dryden. London: Sage, pp. 287-307.
- THÉRIAULT, A. & GAZZOLA, N. (2005). Feelings of inadequacy, insecurity, and incompetence among experienced therapists. *Counselling and Psychotherapy Journal*, 5 (1):11-18.
- THOMPSON, J. & BROOKS, S. (1990). When a colleague commits suicide: how the staff reacts. *Journal of Psychosocial Nursing*, 28 (10):7-11.
- THORESON, R. W., MILLER, M. & KRANSKOPF, C. J. (1989). The distressed psychologist : prevalence and treatment consideration. *Professional Psychology Research and Practice*, 20:153 - 158.
- TOFFLER, A. (1970). *Future shock*. New York: Bantam.
- TORIS, C. (1994). A negotiation model of empathy. *9th International Balint Federation Congress*, Charleston, South Carolina
- TRAYNER, B. & CLARKSON, P. (1992). What happens if a psychotherapist dies? *Counselling : The Journal of the British Association for Counselling*, 3 (1):23 - 4.
- TURNER, S. (2000). Psychiatric help for survivors of torture. *Advances in Psychiatric Treatment*, 6:295-303.
- TYSON, K. (1995). *New foundations for scientific and behavioral research: the heuristic paradigm*. Needham Heights: Allyn and Bacon.
- UKCP. (2005). Continuing professional development principles and requirements for member organisations London: UKCP.
- VALLE, R. & MOHS, M. (1998). Transpersonal awareness in phenomenological inquiry - philosophy, reflections and recent research. In *Transpersonal research methods for the social sciences - honoring human experience*, ed. W. Braud & R. Anderson. London: Sage, pp. 95-99.
- VAN-SCOYOC, S. (2005). Statutory regulation: implications for counselling psychologists. *Counselling Psychology Review*, 20 (1):36 - 37.
- VARMA, P. (1997). *Stress in psychotherapists*. London: Routledge.
- VISCHER, R. (1872). Das optische formgefühl: <http://etext.lib.virginia.edu/cgi-local/DHI/dhi.cgi?id=dv2-09>.
- WALFISH, S., PROLIFKA, J. A. & STENMARK, D. E. (1985). Career satisfaction in clinical psychology; a survey of recent graduates. *Professional Psychology*, 26 (1):13-16.

- WALKER, M., Editor (2001). *Working safely:counsellor competence: Surviving complaints against counsellors and psychotherapists - towards understanding and healing*. Ross-on-Wye: PCCS Books.
- WAMPOLD, B. E. (2001). *The great psychotherapy debate - models, methods, and findings*. Mahwah New Jersey: Lawrence Erlbaum Associates.
- WEILAND, S. (1996). Life history and academic work. In *The narrative study of lives*, ed. R. Josselson. London: Sage, pp. 59-99.
- WEST, W. (2001). Issues relating to the use of forgiveness in counselling and psychotherapy. *British Journal of Guidance and Counselling*, 29 (4/1):415 - 423.
- WEST, W. S. (1996). Using human inquiry groups in counselling research. *British Journal of Guidance and Counselling*, 24 (3):347 - 56.
- . (1998). Passionate research : heuristics and the use of self in counselling research. *Changes ; a International Journal of Psychology and Psychotherapy*, 16 (1):60 - 6.
- WETCHLER, J. L. & PIERCY, F. P. (1986). The marital/family life of family therapists : stressors and enhancers. *American Journal of Family Therapy*, 14:99 - 108.
- WHEELER, S. (2004). Supervising the wounded healer. *BACP Research Conference*
- WHITE, M. (1995). Definitional ceremony and outsider witness responses. In *Re-Authoring Lives: Interviews and Essays*, ed. M. White. Adelaide: Dulwich Centre Publications.
- WHITE, M. & EPSTONE, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.
- WILBER, K. (1991). *Grace and grit*. Boston: Gill and Macmillan.
- WILKINS, P. (1997). *Personal and professional development of counsellors*. London: Sage.
- WINNICOTT, D. (1953). Transitional objects and transitional phenomena. *International Journal Psychoanalysis*, 34:89-97.
- WINNICOTT, D. W. (1968). Sum, I AM: Talk given to the Association of the Teachers of Mathematics.
- WORDEN, W. J. (1983). *Grief counselling and grief therapy*. London: Tavistock.

- WOSKET, V. (1999). *The therapeutic use of self*. London and New York: Routledge.
- ZEEGERS, M. & BARRON, D. (2000). More than an apprentice model: legitimate peripheral participation (LPP) and the research conference for postgraduate students. In *Quality in postgraduate research : making ends meet*, ed. M. K. G. MullinsAdelaide:
<http://www.canberra.edu.au/QPR/2000/Zeegers2000.pdf>.

List of Appendices

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Appendix One: Advertisement for interested volunteers

Would you like to help?

My M.Phil./Ph.D. research is on:

"Therapists perceptions of the effects of their own life-events on their work with clients"

What about interviews?

I would like to interview 10 co-researchers (participants) for an unspecified time in a location convenient to them. The pilot took about an hour and a half but it is important that the interview is not over-structured so it could be a bit shorter, or a bit longer. I would ask you about your life event and how you think it affected your work with clients. We would then have a conversation which I would like to tape-record. I would make a transcript and give you a copy of that, if you would like it. If you felt you wanted to, photographs, diary entries of the time, or any other material could be loaned to me. These would be carefully looked after and returned to you.

What would be done with my story?

I would think about your story very carefully, probably using Moustakas's model of heuristic research. Eventually I would send you, or bring to you a copy of how I construed your experience. I would ask you if it resonated with you. I would go on making alterations until we were both satisfied that the account is true to you. When I have done this with all the interviews I will attempt to derive some themes arising from them. This will eventually be part of my thesis, and hopefully a publication, since very little has been yet published in UK in this area. My research work is supervised by Dr. Tim Bond at Bristol University.

What about anonymity?

This will be preserved for all participants throughout, by changing names, locations etc. and by disguising any unique features. You would choose the name by which you wish to be known. You would have the clear and unequivocal right to withdraw your material at any early stage. If you wished,

your contribution could be gratefully acknowledged. The finished work will be regarded as mine, however.

What's in it for you, and for me?

You would have the chance to explore your experience in a safe environment and you may be contributing to a wider professional debate about the therapist as a person. There may be other spin-offs known only to you - I, hopefully, will get a doctorate eventually (I am part time!), and professional interest. I may get a small amount of money if this becomes a book. I am too old to get professional advantage, but that is not important to me. I love being a practitioner!

So what are you looking for?

I am looking for practitioners who have had a life-event following qualification and accreditation. It is important that the practitioner can take a view their work from before, and after the event or change. The changes in work can be subtle through to dramatic. The event can be objective such as bereavement, divorce, gender reassignment, being put under discipline by BACP, BPS, UKCP etc., or internal such as loss of faith, spiritual reawakening, realising ones sexuality, falling in love etc. I think the significance of such life changes may well arise during our conversation, so you do not need to have a decided view about them before you offer to be interviewed.

What are the practical problems ?

- a) You may decide to withdraw from the project: you have a perfect right to do so, and this will be respected. I would ask you not to begin, however, if you feel withdrawal is likely.
- b) Meeting times and places may be difficult to arrange.
- c) Supposing we don't get on? We can talk about it, and see if there is a consensual way forward.
- d) How will your family/friends feel about it? I imagine you will discuss this and come to your own mind before we begin.

What if I would like to offer an interview?

I would be very grateful if you would contact me. Providing your experience was not already covered by another co-researcher, or was outside of the range of the research, I would then send you a letter of agreement, and we would arrange to meet. This might take some time, but usually with perseverance these things do happen.

Thank you for reading this. Please contact me if you are interested.
Peter Martin

Appendix Two: Letter of agreement

Dear

A letter of agreement regarding an interview researching the effects of therapist's life-events on their client work: research for Bristol University Research Degree, and possible publication.

Thank you very much for considering helping with this research project. The work of learning and developing in our chosen professions, and in our lives in general, can only proceed with the help of people like yourself. I am excited about the possibility of opening up this area of professionalism and am very glad of your potential help.

This letter seeks to set out in a form that is acceptable to both of us, understandings of how material you provide in your interviews and in any other contact, may be used. It is important for both of us that we do this so that we each feel comfortable and satisfied with the arrangement. These are the understandings I think:

:

1. You are the person who decides whether or not your interview(s) and other material may be used. I would, however, need a fairly early decision once you have received the tape and the transcript following the first interview so that I know what can and can't be included in my work, or what you might want altered. I will provide a final letter of consent. There will be no transcript or tape of any subsequent contact.
2. You decide whether or not you wish your material to be anonymous. Your details can be changed. Your own ideas on protecting your anonymity are welcomed and can be incorporated. Your contribution will be acknowledged both in the thesis and in any publication either anonymously or not anonymously. You would not receive any fee or payment for your contribution.
3. The material you consent to being used will contribute to a M.Phil/Ph.D dissertation and to a possible subsequent publication. The material at that point will be owned by me.
4. Part of the process of doing research, as you know involves speaking at professional conferences etc. I would want to refer to your material but that would always be anonymous and carefully disguised. If you expressively ask me not to use your material in that way, your wish would, of course, be obeyed.
5. My motives in doing this research are an enthusiastic interest in the subject of the research; to achieve a level of academic distinction, to

publish if possible, to provide myself with a project towards the end of my career; to contribute towards a debate on an important topic within the profession and possibly with a wider public. At this point in my life this research is unlikely to make a difference to my career prospects.

I hope for you, the experience of participation will be helpful in your own self-reflexivity. I hope that you also, may feel you have contributed towards a larger debate which is helpful to the profession. It may be important to you to discuss your participation with your family/friends or to get any clearance you need from colleagues.

The pathway of the research:

- a) It arises from an experience of breakdown in my own life which resulted in perceived changes in the therapy I offered.
- b) The research, at present is couched in the heuristic process as construed by Clark Moustakas in "Heuristic Research" (London, Sage, 1990). The actual research paradigm may, however, change slightly as I proceed with my investigations.
- c) I plan to interview and tape 10 therapists asking in an open-ended way i) what the life event was and ii) how it affected their work with clients. You have agreed to be one of these therapists. I may contribute my own experience during these interviews, although the main "stage" is yours. We meet in a place and at a time which is convenient to you.
- d) The interview is then transcribed and a copy is made of the tape. The interview although conducted in a humanistic and therapy-friendly way is not designed to be therapeutic as such. It is merely an opportunity for you to recount your story and to draw some impressions from it. The repercussions of this telling would be worked out within your own network of support.
- e) After the interview, and some months later (to give the material time to incubate), I will send you a written summary of what I drew from the interview. I will then attempt to see you, or talk over the telephone so that I can make any alterations to my summary, which you would like. I will simultaneously send you the tape and transcript in order to give you evidence to make any alterations, and to sign or not sign the final form of consent.
- f) It may be that at some point you would be happy for me to see, and make appropriate use of letters, diaries, memorabilia etc. which you think is relevant to your experience.
- g) I shall then combine my 10 interviews to form some kind of conclusion, discussion, theory. If you wish I will send you a copy of the finished

product.

My work is supervised by Dr. Tim Bond, and with the help of Dr. Kim Etherington of Bristol University. I am, of course, subject to the codes of ethics of the University and to the organisations which appear on my letter heading.

Thank you for reading all this. If you are happy with it, please would sign it and return it in the enclosed s.a.e.?

After the initial interview and following receipt of my summary, tape and transcript a letter of final consent which consists of the following will be sent to you.

- a) Final decision about use in the project and
- b) Decision about anonymity (which can be revised until about 6 months before the dissertation is submitted).
- c) Consent or not regarding use of material at conferences prior to publication in some form. After the thesis is submitted or publication the material becomes de facto accessible to the public anyway.

I agree to the understandings set out in this letter. I have kept a copy for my own records.

Signed _____ (participant)

Date: _____

Signed _____ (researcher)

Date: _____

OR:

I would like to make the following amendments to this statement of understanding before I sign it:

Appendix Four: Final letter of consent

A letter of agreement regarding research on the effects of therapist's life events and their client work: Bristol University PhD and possible publication.

Thank you very much indeed for helping me so much with the research that I am doing. We have now reached a point where I need to know if I may proceed with the use of your material within my research. I enclose a copy of our original contract for you to peruse for ease of reference.

I have now interviewed you and have written a response to that interview and we have had significant contact regarding that response. As I have said in the original contract, I am now seeking permission from you to use this material both for research and for possible publication. I have noted below any disclaimers that you have made. May I also make the point that I need to keep this material on my computer until such time as the need has gone. Once more, thank you very much for helping me, I would very much appreciate if you would sign this letter and return it to me, keeping a copy for your own reference.

Yours sincerely,

Peter Martin

I (XXX) consent to Peter Martin using the material involved in research interviews and his responses to me in his Ph.D. and in other publication. I consent also under the Data Protection Act to this material being kept on a computer. I understand that my material will be treated subject to the following conditions:

Conditions

Signed:

Date:

Appendix Five: Sample letter seeking co-construction in the writing of Individual Depictions

PRIVATE AND CONFIDENTIAL

Dear

I hope that you are well and that your life is going well, bringing interest and occasional excitement! I am now an academic working at the new Roehampton University so my life continues to evolve too.

I have now reached the point where I need to write short summaries of each of the stories that I have listened to. I find myself more and more wanting to "co-construct" these stories, rather than simply write what I think I have heard, or indeed to write the kind of poetic "take" alone, that we talked about when I last visited you. I wonder, therefore, if you would be kind enough to look at this short version of the story and see if it does justice to your experience?

I have been particularly concerned to protect your identity, so I have altered some factual items and left out some very identifiable features such as the XXX of XXX. What is more important still, is that I have tried not to underplay the depth of the experience in these few words. Please let me know what you think. As you are aware, you will be the last arbiter and anything you want changed, will be changed.

I chose "XXX"(as a name), partly to throw people off the scent, but please choose any name that feels right for you.

I attach an SAE.

All good wishes,

Peter Martin

Appendix Six: Conference contributions emanating from this research

2005 British Association for Counselling and Psychotherapy Annual Research Conference. "Supervising Therapists in Crisis". Workshop.

2004 Supervision from the Inside: using the Supervisor's subjectivity " Roehampton University. Organiser.

2004 British Association for Counselling and Psychotherapy Research Conference. Paper on "Unravelling the soul: responses to witnessing life narratives."

2003 British Association for Counselling and Psychotherapy Research Conference. Paper on "The risky business of doing heuristic research in a counselling context: its perils and its pleasures."

2002. British Association for Counselling and Psychotherapy Annual Training Conference. Paper on "A critique of heuristic research methodology as proposed by Clark Moustakas".

2002 British Psychological Society Annual Training Conference: Workshop on "The effects of life events on the work of therapists with their clients".

2001 British Association for Counselling and Psychotherapy Annual Training Conference Research Conference. Workshop on "The therapist as a person".

Appendix Seven: Co-researchers theoretical models and main place in this study

		Clinical Orientation	Place in this study
1	Christina	Person-Centred	Depiction (Ch 2)
2	Clare	Transpersonal	Depiction (Ch 2)
3	David	Person-Centred	Depiction (Ch 2)
4	Debbie	Person-Centred	Exemplary Portrait (Ch 3)
5	Delia	Eclectic	Depiction (Ch 2)
6	Ellen	Person-Centred	Depiction (Ch 2)
7	Fiona	Integrative	Depiction (Ch 2)
8	Ieuan	Group Analytic	Depiction (Ch 5)
9	Jane	Integrative	Depiction (Ch 5)
10	Jason	Transpersonal	Depiction (Ch 5)
11	Juliana	Spiritual/Integrative	Exemplary Portrait (Ch 6)
12	Maram	Community Psychiatric Nurse using eclectic counselling skills in her work	Depiction (Ch 5)
13	Peter	Integrative/ Psychodynamic	Autobiography (Chapter 1)
14	Rhiannon	Psychodynamic/ Integrative	Depiction (Ch 5)
15	Rosemary	Humanistic/Rogerian/ Psychodynamic	Depiction (Ch 5)
16	Tina	Psychodynamic	Exemplary Portrait (Ch 6)
17	Tricia	Psychoanalytic	Exemplary Portrait (Ch 6)